



## BRICK FOOTBALL & CHEER FINANCIAL ASSISTANCE APPLICATION FOR REGISTRATION COSTS

Brick Football and Cheer provides registration financial assistance for registration to local athletes, who without this financial assistance, would not otherwise be able to participate. This financial assistance program focuses on providing opportunities for our area youth to participate in football and/or cheer for the physical, mental, and character building benefits that this program can provide. Financial assistance will be dependent upon the funds available and the actual need shown. Please be aware that our Financial Assistance Funds are limited! Our primary goal is to help as many young athletes participate in our league that we possibly can. So please, pay what you can afford and apply as soon as possible.

**\*\*\*FINANCIAL ASSISTANCE IS NOT OFFERED FOR COMPETITIVE CHEERLEADING DUE TO THE ADDITIONAL COSTS ASSOCIATED WITH IT.\*\*\***

### Requirements for eligibility:

- Athlete must meet all eligibility requirements put forth by NJAYF to play football or cheer in our league.
- Commitment to attend a minimum of 80% of scheduled practices and games.
- **Participation by a family member with up to ten (10) additional volunteer hours during the financial assistance season, depending on aid received.** If additional volunteer hours are not met, applicant will be refused financial assistance the following year.
- Application must be completed by a parent or guardian with all requested information provided.
- **A signed copy of the most recent Federal tax return on Form 1040 (or applicable form) for both parents of the applicant will need to be submitted only upon request.** The applicant MUST appear as a dependent on the parents' IRS 1040.

### Proof of need:

- **Qualification for free or reduced school lunch is one of the primary determining factors in granting financial assistance, but it is NOT guaranteed.** For those who qualify for either of these programs, proof of eligibility is required. If a family does not qualify for either of these programs, please include an explanation of your extenuating circumstances for requesting financial assistance.

### Priority will be given to eligible youth meeting one or more of the criteria below:

- Member of a multi-child family.
- Living in a single parent home.
- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc.  
**(Must provide documentation of participation in these programs to receive priority status)**
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.

### Make Your Financial Assistance Application Count

- Be sure to fill out this application in its entirety. Applications missing information, including requested letters, will not be accepted.
- Financial Assistance is need based; decisions are not based on talent or achievement of the player. The more specific you can be about your financial situation and/or need for financial aid, the quicker the scholarship committee will be able to evaluate your application. If you or your child have made efforts to save or earn money for the season, mention it in your letters. Your child's letter or parent letter should discuss his or her love of the sport and how the applicant believes this will help him/her to achieve his/her goals.
- Limited funds are available. Financial assistance is awarded in various amounts; not all aid is equivalent to full registration costs.
- You will be notified via email if an award is made in your child's name. Applications should be submitted as soon as possible.

**\*\*Approval process of financial assistance for registration does not register the participant(s). You will still need to complete the online registration process as well and add the participant(s) to your cart until you know if you have been approved for financial assistance.**

**NOTE: FINANCIAL ASSISTANCE IS ONLY AVAILABLE FOR FAMILIES IN NEED.**  
*Applications should be submitted as soon as possible.*

# BRICK FOOTBALL & CHEER

## FINANCIAL ASSISTANCE APPLICATION FOR REGISTRATION COSTS

All Information provided will be held strictly confidential and will not be used for any other purpose.  
False information will result in your being disqualified for financial assistance.

Please send completed financial assistance application along with the following items to:  
by Mail: PO Box 33, Brick NJ 08723 or by Email: [info@brickfc.org](mailto:info@brickfc.org)

- Letter from parent/guardian explaining financial need.
- **(Upon Request)** A signed copy of the most recent Federal tax return on Form 1040 for both parents/guardians.
- **(Required)** Letter from child explaining love for the sport & how he/she thinks it will help achieve his/her goals.
- **(Recommended)** Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives, teacher, minister, coach, etc. stating why applicant should be chosen to receive financial assistance.

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### Athlete Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Years involved in football or cheer: \_\_\_\_\_

### Family Information

Athlete lives with: ( ) Both Parents ( ) One Parent ( ) Guardian Total Number in Household: \_\_\_\_\_

#### Parent/Guardian A (Parent or Guardian legally responsible for athlete)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

#### Parent/Guardian B (Parent or Guardian residing with Parent/Guardian A)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

**Total Household Income (GROSS):** \$ \_\_\_\_\_

**Do you receive any state funded assistance such as Section 8, Welfare/TANF, Food Stamps, etc.?** \_\_\_\_\_

If partial assistance were available, how much can you afford to pay? \$ \_\_\_\_\_

**We encourage families to pay what they can afford. Payment plan is available.**

What other youth organizations does your child play for? \_\_\_\_\_

Do you receive financial assistance from any other organizations? Yes / No If Yes, how much: \_\_\_\_\_

Parent/Guardian A Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian B Signature \_\_\_\_\_ Date: \_\_\_\_\_