

## **Box Elder Youth Football Financial Aid Application**

BEYF grants Financial Aid based on need and available funds. BEYF will use qualification for free or reduced school lunch as one of the determining factors in granting financial aid.

Player Name	Age	Parent Name
Financial Aid Requested		Player Currently Qualifies For
☐ Partial (covers registration)		☐ Reduced School Lunch
☐ Full (covers reg	istration and uniform)	☐ Free School Lunch
	_ Season / Year (e.g. 2014-15)	☐ Neither
If player does not que requesting financial	-	nch, please explain special circumstances for
Other sports / teams / activities the player participates in.		
effort to attend all tr	aining sessions, practices and game	committed player. The player will make his / her best es throughout the year. Parent agrees that the player's re with the required commitment level of this team.
Parent Signature		Date