

VILLAGE OF KEY BISCAYNE

YOUTH SPORTS FINANCIAL AID APPLICATION

The Village of Key Biscayne offers a limited amount of Financial Aid for Youth Sports programs based on demonstrated need. The Key Biscayne Athletic Club ("KBAC") Financial Aid Committee reviews and approves all applications forwarded from the Director of Parks and Recreation. All application information is kept 100% confidential.

A separate application is required for each sports program. We encourage applicants to make a copy of your completed application and supporting documentation for your records and to assist you in submitting future applications.

If your application is not approved, please consider an Installment Payment Plan which is offered for many sports. A Registration and Installment Payment Plan information sheet is available at the Community Center Front Desk.

Financial Aid will not be offered to off island residents for any intramural sports unless the predetermined Financial Aid amounts have not been exhausted AND Sports program enrollment has not been exceeded. Financial Aid may be awarded to off island participants in travel sports programs provided the respective Sport Director requests the KBAC to award Financial Aid to complete a travel team roster. The KBAC shall have sole discretion on the awarding of Financial Aid.

You will be notified by the Close of Registration if your application has been approved.

REQUIREMENT CHECKLIST FOR ELIGIBILITY

1. Commitment to attend a minimum of 80% of scheduled practices and games.
2. Application must be completed by a parent, guardian, or head of household, with all requested information provided. **Incomplete applications will not be considered.**
3. ***Applicant must submit copy of student's last report card.***
4. ***Applicant must submit previous year's tax return with application.***
5. **All applications are due 3 weeks prior to the registration closing date for each sport.** Front Desk staff can notify you of the official close of registration date. Incomplete or late applications will not be considered
6. **Applicants MUST register their child with their sport by Application Submission.** Payment will not be required at this time. Front Desk staff will enter "Financial Aid Application Received" in the Registration Memo Field.

FINANCIAL AID PRIORITY WILL BE GIVEN TO ELIGIBLE CHILDREN MEETING ONE OR MORE OF THE CRITERIA BELOW:

1. Member of a multi-child family and/or Living in a single parent home.
2. Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. *(Must provide written documentation of participation in these programs to receive priority status)*
3. Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives. *(Must provide to receive priority status)*
4. Special consideration will be given to those applicants that indicate that they are willing to serve as a volunteer on their application.

FINANCIAL AID APPLICATION

Please complete the following information, one application per child:

Sport/Year Request for Financial Aid: SPORT: _____ YEAR _____

Athlete's Name: _____ Age: _____ Birth date: _____

Street City State Zip

School Athlete Attends: _____ Grade: _____

Home Room Teacher's Name: _____ School Phone #: _____

Athlete lives with: () Both Parents () Mother () Father () Other

Amount of scholarship requested: Full \$ _____ Partial \$ _____

Would you be willing to serve as a Volunteer: () Head Coach () Asst. Coach () Team Parent () KBAC member

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$ _____ Own Home (Circle) Yes No

Father/Guardian Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Mother's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Has the athlete ever received Village Financial Aid? () Yes () No ; If Yes, Year _____ Sport _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes the Key Biscayne Athletic Club to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct and that **I will comply with each of the "Requirement Checklist for Eligibility" items listed on the Application Instructions.**

Parent/Guardian Signature

Date

OFFICE/COMMITTEE USE ONLY

APPLICATION RECEIVED BY VILLAGE: _____ REGISTRATION END DATE: _____

KBAC FIN CMTEE APPROVAL: \$ _____

Award Amt

Chairperson Signature

Date