

## <u>Application</u> for Youth Assistance Community Youth Sports League

Please read the guidelines before filling out the application.

Only completed applications will be accepted.

Return the application and proof of residency to the youth group.

Youth Group:		
Youth Name:	Birthdate:	
School: Teacher:	Grade:	
Parent/Guardian Name: Em	nail:	
Address:		
P.O. Box will not be accepted. Proof of residency is required, such as a rec	ent utility bill (Folsom Utility, PG&E, SMUD).	
Contact number: Has the applicant previously re	eceived youth assistance?   Yes or No	
Will the youth be able to participate in youth sports if they do not receive financial assistance?   Yes or  Qualification for youth assistance is based on current financial needs. Please describe any unusual circumstances or provide information to determine if financial aid is needed.		
Agreement: The facts in this application are accurate and complete. I understand that any false statement shall be considered sufficient cause for disqualification from financial assistance. The Folsom Athletic Association and the Community Youth Sports League are authorized to research my qualifications. I understand that I will be contacted when the application has been approved or denied.		
Parent/Guardian Signature	Date	
TO BE COMPLETED BY THE YOUTH GROUP Name of CYSL:		
Amount Requested \$ Date: to the FAA in person or via email. The FAA will confirm the request based Address where to mail the check:		



## **Guidelines** for the Youth Assistance Program Community Youth Sports Leagues

Please read the guidelines before filling out the application.

Only completed applications will be accepted.

Return the application and proof of residency to the youth group.

The Folsom Athletic Association (FAA) Youth Assistance Program strives to provide financial assistance for Folsom youth residents who wish to participate in youth sports. "Never in our town will any youth <u>not</u> participate in sports due to financial constraints."

Guidelines for youth assistance have been established to assist with the application process. Financial awards are based on merit, need, and available funds.

## **Guidelines:**

- Eligible youth can receive <u>up to \$200 to help offset the cost</u> of league registration and/or sports equipment. Funds are available for single-sport or multi-sport athletes, recreational or competitive.
- If the request is for multiple family members, an application must be completed for each member.
- Sports camps and private training do not qualify for youth assistance.
- Recipients who do not regularly attend league activities may be ineligible for future assistance.
- Refund and cancellation policies are at the discretion of the sports league governing board.

**Eligibility:** To determine eligibility for the Youth Assistance Program, answer the following questions:

- 1. Does the youth live in the city of Folsom?
- 2. Is the youth 17 years of age or younger?
- 3. Can the youth commit to attend and participate in 80% of the activity?

You are eligible for financial assistance if you answer "YES" to the three questions.

**Nondiscrimination and Confidentiality:** Families will not be discriminated against because of race, color, gender, religion, nationality, ethnic origin, or disability. Participants eligible for youth assistance will remain confidential and treated like those who pay full price for the same service. All applications and attachments are confidential and will be used exclusively for the youth assistance program and for no other purpose.

## **Checklist To Apply:**

<b>Complete</b> the application for youth assistance.
Required: Parent/guardian signature.
Required: Proof of residency, such as a recent utility bill (Folsom Utility, PG&E, SMUD)
<b>Return</b> the application and proof of residency to the youth group.

Applications are reviewed on a case-by-case basis. The youth group will notify you of the status of the request.

For questions about youth assistance or this application, please contact the registrar of the youth group.