



## **Guidelines for the Youth Assistance Program 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.**

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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 not 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 up to \$200 to help offset the cost 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.
- Youth who do not regularly attend league activities may not be eligible 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 no other purpose.

### **Checklist To Apply:**

- ☐ **Complete** the application for youth assistance.
- ☐ **Required:** Parent/guardian signature.
- ☐ **Required:** Proof of residency, such as a recent utility bill (Folsom Utility, PG&E, SMUD)
- ☐ **Return** 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.

Please get in touch with the youth group registrar for questions about youth assistance or this application.



## **Application for Youth Assistance Community Youth Sports League**

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

Youth Sport: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

P.O. Box will not be accepted. Proof of residency is required, such as a recent utility bill (Folsom Utility, PG&E, SMUD).

Contact number: \_\_\_\_\_ Has the applicant previously received youth assistance? ☐ Yes or ☐ No

Will the youth be able to participate in youth sports if they do not receive financial assistance? ☐ Yes or ☐ No

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

**YOUTH SPORTS ONLY** Name of CYSL: \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Date: \_\_\_\_\_ Return this application and proof of residency to the FAA in person or via email. The FAA will confirm the request based on available funds.

Address where to mail the check: \_\_\_\_\_