

# Bainbridge Island FC

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## 2024-2025 Financial Aid Program Application

The purpose of our Financial Aid Program is to provide the children of Bainbridge Island and surrounding communities, who would otherwise not be able to participate due to financial circumstances, the opportunity to play soccer and develop their skills. The Bainbridge Island Youth Soccer Club (d/b/a Bainbridge Island FC, and herein after referred to as the “BIFC”) is proud to offer this program to eligible families. For privacy purposes, the names of families and information about families applying for assistance will not be shared with anyone outside the Financial Aid Committee. All applicable parts of this confidential application should be completed and submitted along with supporting documentation. ***A higher priority will be given to applications that are fully completed.*** The BIFC Treasurer will notify you of the Committee’s decision once your application has been processed and reviewed.

**Please complete a separate application for each player.**

**All applicants must provide a copy of complete application along with the following documents:**

- Copy of first two pages of **2023** US Federal Income Tax Return as well as, if applicable, Schedule C. In case of divorce, please include the returns of both parents;
- Copy of one Federal program document (such as childcare assistance, free school lunch program, aid for dependent children etc.) if there is any;
- (Optional) An explanation of any changes in your financial circumstances or financial obligations not evident from your tax return;
- (Optional) Documentation supporting any changes in your financial circumstances or any other financial obligations you would like us to consider.

**Please send the completed application and supporting documentation to:**

Bainbridge Island FC  
Financial Aid Program  
PO Box 10949  
Bainbridge Island, WA 98110

Or scan the application and supporting documentation and email it to: [registrar@bifc.net](mailto:registrar@bifc.net).

As a non-profit organization we have limited funds to provide financial aid each season. **Please submit the application at least 30 days prior to the season start date.** Please refer to the program information that is posted on the website ([www.bifc.net](http://www.bifc.net)) for season start date.

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Player Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ (e.g., 2005) Gender: M / F

Program:  Select  Development Academy  Camp/Clinics  Recreational

Number of Years Played with BIFC: \_\_\_\_\_

Number of Members in Household: \_\_\_\_\_ Number of Children Playing with BIFC: \_\_\_\_\_

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

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

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

Phone: h \_\_\_\_\_ w \_\_\_\_\_ c \_\_\_\_\_

Email: \_\_\_\_\_

Our goal is to support as many families with the greatest need as possible. Please share anything that would help us in our decision-making process:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ What will this cover? \_\_\_\_\_

How much of the expenses are you or the player able to cover? \$ \_\_\_\_\_

Would you like to set up a payment plan to cover expenses that will not be covered by financial aid? Yes or No

### Certification and Signature:

The information that I have provided on this application is true and correct, and I will notify BIFC of any change in my current financial status. I further understand that successful applicants are expected to engage in a minimum of (10) hours of volunteer activities.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_