

Buffalo Girls Basketball Association Scholarship Policy

The BGBB has created a scholarship program which may provide some financial assistance for need-based families.

Scholarship Guidelines:

- A parent or legal guardian of a participant who qualifies for ISD #877's free/reduced lunch program or Department of Health and Human Services Temporary Assistance for Needy Families (TANF Emergency Fund) program may apply for a scholarship for financial assistance of registration fees. You must submit a copy of your qualification letter with your scholarship application.

For guidelines and information on ISD #877's free and reduced lunch program go to:
www.bwww.buffaloschools.org/FoodServicesDept.cfm

- Eligibility for our scholarship program does not guarantee that you will receive assistance. Funds are limited and will be distributed as available on a first-come, first served basis to those who qualify.
- Recipients must live within the participation boundaries of the BGBB.
- Scholarships only apply to the sport registration fee. All other additional fees such as uniforms, tournament fees, camps and clinics, are not eligible for scholarship funds. All fees above and beyond the registration fee are the responsibility of the participant.
- Scholarships will not be granted for registration fees already paid.
- BGBB will use reasonable care to keep all information confidential.

Application Process:

- To apply for a BGBB scholarship, please email your application and qualification letter to: Kurt Timm at kurttimm0@gmail.com.
- Approval process will be handled by the BGBB Treasurer.
- You will be notified regarding the status of your application prior to the start of the season. If a scholarship is granted, you will be given more information on how to register. We will be contacting you via email. If you prefer a different form of communication, please let us know.

BGBB Scholarship Application

Parents Name: _____

Address: _____

Phone Number: _____

Email: _____

You will be contacted by email regarding your scholarship application. If you prefer a different form of communication, please let us know.

This form must be accompanied by proof of enrollment in the free/reduced lunch program at your school or Department of Health and Human Services Temporary Assistance for Needy Families program.

1. My child(ren) receive reduced school lunches: Yes No

2. My child(ren) receives free school lunches: Yes No

3. School Calendar Year: _____

4. Please list the child(ren) interested in participating in BGBA sports below.

Participant First and Last Name	Sport Program	School	Gender	Date of Birth	Grade	Amount

Submit this completed form with a copy of your qualification letter from the school or school district office, or the Department of Health and Human Services.

All information provided must be true and accurate. Providing false information may result in player/family ineligibility for the current and/or future sports participation.

I certify that I have read and understand the information on this form, and that the information submitted is complete and accurate to the best of my knowledge.

Signature of Parent/Legal Guardian

Date

APPROVED: (You will be notified of scholarship status via email.)

Signature of BGBB Treasurer

Date