



Dear Parent/Guardian,

Baystars is a non-profit organization that strives to provide a quality sport program to any youth who wishes to play. We are pleased to be able to offer partial financial assistance for the player dues, however any financial assistance granted will not include costs associated with uniforms or travel expenses. Please understand our scholarship funds are limited. No applicant can be guaranteed to receive financial aid. Any award of financial aid will be based upon your application and the *availability of funds*. To apply for financial assistance, please send the enclosed application to:

Attn: Baystars Treasure
PO Box 540
Gloucester VA 23061

Complete the enclosed application with current and accurate information. Applications will not be considered unless all requested documentation is submitted. All financial assistance applications must be submitted 45 days prior to the start of the first league game for either the Fall or Spring season. No later than 30 days before the first league game the applicant will be informed of the result and amount awarded. The application should be completed prior to each season. Please feel comfortable that all financial information received by this office is held in strictest confidence.

Please allow 15 business days for your application to be processed. After this period, you will be contacted as to the status of your application or to gather additional information. *A family approved for the scholarship program is **required** to complete a minimum of 8 volunteer hours throughout the season for which the scholarship has been awarded. There are many opportunities for volunteers to fulfill the required service. Please collaborate with your team manager to schedule and fulfill this commitment before the close of the season. Examples include club events, camps, Baystars hosted tournaments to include Surf & Turf and Bird Day Bash, club workdays, etc. We are grateful to be able to support families through this financial assistance program and give everyone the opportunity to participate in youth sports through Baystars Sports.*

Feel free to contact our admin at admin@baystarsfc.com or president2020@baystarsfc.com for any assistance or questions.

Sincerely,
President Jay Jaquysh



Baystars Financial Assistance Request Form

All information received will be kept confidential

Player(s) Name: _____

Team Name: _____ Sport _____

Parent(s)/Legal Guardian(s) Name: _____

Marital Status: _____

Employer: _____ Full Time Part Time

Spouses Employer: _____ Full Time Part Time

Annual Household Gross Income: 30k or less 30-45k 45-60k 60k+

Number of Children Playing Baystars: _____

Reason Requesting Assistance:

Amount of assistance being requested: \$ _____

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Applicant's Signature: _____ DATE: _____



FOR CLUB USE ONLY

Request Received By: _____

Received Date: _____

Request Reviewed By: _____

Date: _____

Request: Approved Denied

Amount Approved: \$ _____

Comments:

Treasurer's Signature: _____

Date: _____