



Gresham Youth Football Association

www.gyfanation.org

2870 NE Hogan Rd., Suite E 540, Gresham, OR 97030

Financial Aid Form 2016 Season

This form is for those applying for financial assistance.

It is the intent of Gresham Youth Football Association to make every effort to ensure our program is open to all interested members of the community. With this goal in mind, we have created a Financial Aid application process for existing and prospective members with a special need or consideration for them to participate. Your application will be reviewed by the board & will be assessed based upon multiple factors. We have a limited number of funds & we regret that we can not assist everyone who applies for Aid, but are making every effort to ensure as many players as possible have an opportunity to play.

Player's Name: _____ Birth _____
Date: _____
Email: _____ Phone _____
Number: _____
School: _____ Grade entering in Fall: _____
Parent(s)
First Name: _____ Last Name: _____

Daytime Phone: _____ Monthly net income: _____

How many children in the household under the age of 18: _____
Special Circumstances causing hardship that you would like to share: _____

How many year have you been a member of GYFA?
____ New Applicant ____ 1 Year ____ 2 Years ____ 3 or More Years

Does applicant/participant qualify for Federal free or reduced Lunch? Yes / No

Registration fees:
\$250 per player between April 1st - May 14th
\$300 per player between May 16th - June 15th
\$350 per player between June 15th - August 1st
How much do feel you can pay? _____

*All recipients of Aid will be required to pay a \$150 fee for equipment, before equipment can be issued. All information on this form is strictly confidential and all decisions and information with this form will be handled by the GYFA Board members only.

Sign

Date