BVBIA Georgia – South

Financial Aid Application

All information provided is confidential and will be used solely to determine eligibility for financial assistance. Return to aly.joslin@bvbiageorgia.com or nick.jenkins@bvbiageorgia.com.

Player Information

Player Name: _____ **Date of Birth:** _____

Age Group/Team: _____ **Coach:** _____

Parent/Guardian Name(s): _____

Email: _____ **Phone:** _____

Household Information

Number of Adults in Household: _____ **Number of Children/Dependents:** _____

Total Annual Household Income: $_____

Are multiple children in your household participating with BVBIA Georgia South?

- Yes
- No

If yes, list player names: _____

Financial Assistance Request

Total Club Fees: $_____ **Amount of Assistance Requested:** $_____

Amount Family Can Contribute: $_____

Would a monthly payment plan assist your family?

- Yes
- No

Briefly explain the circumstances creating the need for financial assistance:

Supporting Documentation

Please attach the following as applicable:

- Most recent federal tax return
- Recent pay stub(s) or other proof of household income
- Other documentation supporting financial need, if requested

Parent/Guardian Certification

I certify that the information provided in this application is accurate and complete. I understand that financial aid is based on demonstrated need and available club funds and that submitting an application does not guarantee assistance.

Parent/Guardian Signature: _____ **Date:** _____

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Aid Requested: $_____ **Aid Approved:** $_____

Family Responsibility: $_____ **Payment Plan:** _____

- Approved
- Partial Assistance
- Pending
- Denied

Reviewed/Approved By: _____ **Date:** _____