

EYO Sports Financial Assistance Application



The Elkridge Youth Organization (EYO) provides financial assistance in the form of reduced registration fees to help eligible youth participate in our programs. This program provides assistance to youths from low-income families who are not currently served by existing assistance or fee waiver programs.

Eligibility

To be eligible for assistance, a child must:

Qualify for or be currently receiving assistance from one or more of the following programs listed below:		and		Meet each of the criteria below:	
<ul style="list-style-type: none">• Free or Reduced School Lunch• Temporary Assistance for Needy Families• Foster Care• Medicaid/Social Security Income• Food Stamps• Referred by HCPSS counselor or case worker				<ul style="list-style-type: none">• Be enrolled in school (kindergarten through 12th grade).• Commit to attend a minimum of 50% of scheduled practices and games.• Not currently be served by existing assistance or fee waiver programs.	

EYO recognizes that some children may benefit from team sports that do not meet the eligibility guidelines stated above. Contact the EYO President at: eyopresident@yahoo.com for more information.

To Apply

Parents should complete the application and submit it to the assistance committee.

1. To apply, complete one application per child and ensure that the application has been signed by a parent. Attach official documents signifying that the child is receiving aid. If such documents are not available, a school administrator, social worker, or caseworker must sign the form to verify eligibility.
2. Submit applications, by the deadlines listed below, via email to: eyopresident@yahoo.com or by mail to:

Elkridge Youth Organization
PO BOX 8012
Elkridge MD, 21075

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|--|----------------------------|
| a. Spring Baseball and Soccer Seasons: | by March 1 st |
| b. Summer Tennis Season: | by May 1 st |
| c. Fall Soccer and Baseball Seasons: | by August 1 st |
| d. Winter Basketball Season: | by October 1 st |

** Note that only one application per participant is required per calendar year and will be good for all sports played that year.*

3. Eligible applicants will be confirmed and awarded assistamnce. Applicants will then be contacted via email with registration instructions.

EYO Sports

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If you have any questions, please contact the EYO President at eyopresident@yahoo.com

General Information

- Funding is extremely limited therefore reduced rates are awarded on a first come first served basis. Financial assistance is also subject to space availability for each sport's age groups. In order to provide a fair distribution of funds some children in a family may not be granted assistance, even if others are, so that we may serve as many families as possible.
- The signature on the assistance application form is an agreement that the parent/participant will pay the required reduced amount for the program or request a cancellation before the program begins.
- Completion of a registration form for the appropriate sport is required prior to final awarding of the scholarship.
- The application must be completed for consideration. All required information lines must be filled in completely and accurately. Partial applications may be delayed or rejected.
- Reduced rate is dependent on the sport selected and is reviewed each sports season and is subject to change each sports season.
- Programs MUST be paid in full at the reduced rate before the start date of the program or the participant will not be allowed to attend.
- Participant must meet the minimum participation guidelines or risk eligibility for future programs.
- Only one application per participant is required per calendar year and will be good for all sports played that year.

Available Assistance Options

Fee Waiver: The participant will receive reduced price registration. Typically 50% of the regular registration cost.

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Parents / Guardians: Complete this form and submit it to the assistance committee. Submit one application per child, per year.

Child's Name:		Parent / Guardian's Name:	
Gender: M F	Address:		
Date of Birth:	E-Mail Address:		
School:			Grade:
Daytime Phone:		Evening or Cell Phone:	

What sport(s) and season(s) is your child interested in playing this year? Circle all that apply.	BASEBALL	Spring	Fall
	BASKETBALL	Winter	
	SOCCER	Spring	Fall
	SOFTBALL	Spring	Fall
	TENNIS	Summer	

CONSENT TO EXCHANGE INFORMATION I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child's information. I certify that the information supplied is true and correct and that EYO staff have my permission to verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 50% of the scheduled practices and games. Failure to attend as required could cause rejection of future assistance applications.

REQUEST FOR FEE WAIVER My child is currently enrolled in a public assistance program such as Free or Reduced Lunch, ADC, Foster Care, or Medicaid. I request a fee waiver for the EYO Assistance Program and give my permission for the Department of Family Services to release information verifying my eligibility. I understand that I must submit proof that I am receiving services.

Signature of Parent/Guardian: _____ Date: _____

A non-returnable copy of official documentation signifying that the child is receiving aid must be attached. If documentation is not available, the following section must be completed and signed by a school counselor or administrator, caseworker, or other official.

I verify this applicant meets the assistance guidelines as specified above or may benefit from participating in your organization.

Name of Official Verifying Aid: _____

Signature: _____ Date: _____

Position: _____ Phone: _____