

Howard County Youth Program, Inc.
2022-2023 HCYP BASKETBALL
FINANCIAL ASSISTANCE APPLICATION

FINANCIAL ASSISTANCE APPLICATION – HCYP BASKETBALL

HCYP Basketball's main priority is to ensure every child has an opportunity to participate in the sport of basketball regardless of level of financial capability in a equally safe and nourishing environment, especially during these challenging times. If you are in need of financial assistance the following simple application will help you obtain the level of assistance needed to help ensure each child's participation.

To eligible for HCYP Basketball financial assistance, the child must meet each of the following criteria:

- 1. Be enrolled in school, K-12, public, private or home schooled;**
- 2. Commit to attend a minimum of 50% of scheduled practices and games; and**
- 3. Not be currently served by existing HCYP Basketball scholarships or fee waiver program.**

In addition, the child will immediately qualify if currently benefitting from any one of the following programs:

- 1. Free or Reduced School Lunch;**
- 2. Temporary Assistance for Families in Need;**
- 3. Foster Care;**
- 4. Medicaid or Social Security;**
- 5. Food Stamps;**
- 6. Referred by HCPSS or other qualified counselor or case worker.**

If the above applies, simply print and fill out the application below, sign, date and submit as indicated. If you do not meet any of the eligibility guidelines, please attach an additional sheet to your application explaining the reason for your request for financial aid. We will help you in any way we can.

To Apply: Parents/Legal Guardians must complete the application and submit it as outlined below:

1. Complete the application in full, sign and date it. This must be completed by a parent or legal guardian;
2. Attach a copy of a document or documents confirming your participation in one of the above listed qualifying programs – OR – in absence of this, attach a document explaining reasons why you are requesting financial aid and provide any supporting records the support your special request.
3. Submit your completed application by: November 20, 2022, for Clinics and High School; October 9, 2022, for Recreation Grades 2-8; September 25, 2022, for Middle School and Travel via email to bj@hcybasketball.org or regular mail to the address below.

**FINANCIAL ASSISTANCE APPLICATION
HCYP Basketball
Howard County Youth Program, Inc.**

For all questions or concerns, please contact:

**Mr. BJ Borden
Director of Basketball Operations
HCYP, Inc.**

bj@hcybasketball.org



HCYP BASKETBALL FINANCIAL ASSISTANCE APPLICATION

Parents/Guardians: Complete this entire application with appropriate signatures and submit to the HCYP Basketball Director. If you are seeking assistance for one than one child, you **must** fill out a Financial Assistance Application for **each** child.

Child's Name:	Parent/Guardian's Name:
Gender:	Address:
Date of Birth:	Daytime Phone:
Howard County School Attending:	Cell/Evening Phone:
Current Grade:	Email address:

CONSENT TO RELEASE INFORMATION

- I understand that personal and sensitive information may be needed to verify eligibility for HCYP Basketball financial assistance. Therefore, in order for HCYP Basketball to access information and coordinate services with other agencies, I agree that agencies may share information.
- I also certify that the information supplied is true and correct and that HCYP 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.

REQUEST FOR A FEE WAIVER

My child is currently enrolled in a public assistance program such as Free and Reduced Lunch, ADC, Foster Care, or Medicaid. I request a fee waiver for the HCYP Basketball Program and give my permission for the Department of Family Services or the Howard County Public School System to release information verifying eligibility. I further understand that I must submit proof that I am receiving services. _____ I have _____ I have not attached supporting documents. (Please check the applicable box.)

Signature of Parent/Guardian:	Date:
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A non-returnable copy of the 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 HCPSS or other certified school counselor or administrator, case worker or other official.**

I verify this applicant meets the HCYP Basketball financial assistance guidelines as specified above.

Name of Official:	Organization:
Address of Organization/School:	Position:
Signature and Date:	Phone:

SUBMIT COMPLETED APPLICATIONS TO:
 HCYP BASKETBALL FINANCIAL ASSISTANCE APPLICATION
 Howard County Youth Program, Inc.
 Email: bj@hcypbasketball.org

For any questions or concerns, please contact: Mr. BJ Borden, Director of Basketball, HCYP Inc. @
bj@hcypbasketball.org.