Brookfield Football & Cheer
Financial Aid Program

Brookfield Football & Cheer (BFC) is proud to offer a financial aid program for deserving families in our community. Financial aid funds are intended to cover the approved amount for registration costs of the participant(s) in the BFC program. While it is the goal of BFC to enable all kids to participate in the Football & Cheer programs independent of financial means, BFC reserves the right to limit the amount of financial aid provided based upon available funds, and to decline funding for those applicants who do not meet the program requirements.

- In exchange for **ten volunteer hours in addition to your team commitments** per family and based on BFC board acceptance of the financial aid application, the registration fee for a football player and/or cheerleader will be reduced.

- There will be no discounts for multiple players in a given family if you are receiving aid.

- Volunteer hours will be assigned by the Executive Board. Failure to comply with the terms and conditions of the BFC financial aid program will result in the removal of the aid recipient and player from BFC.

Respectfully,
Brookfield Football & Cheer Executive Board
PO BOX 130
BROOKFIELD, CT, 06804
www.brookfieldfootballandcheer.com

BFC Financial Aid Application

Player Name: _____

Residence Address: _____ Phone: (_____) _____ -_____

City: _____ Zip: _____ School: _____

Player Date of Birth: _____ Age: _____ Grade : _____ Football or Cheer: _____

Parent/Guardian Name(s): _____

Email Address: _____

Second Player Name (if applicable): _____

Date of Birth: _____ Age: _____ Grade : _____ Football or Cheer: _____

Reason for the Financial Aid:

_____

_____

_____

_____

_____

_____

Requested Financial Aid : _____

✓✓ **This application will not be accepted without submitting all required player registration information.**

I, the undersigned, certify that all the above information is accurate and correct and agree to the terms provided by BFC. I understand that this information is being given for the receipt of financial assistance and that BFC officials may verify the information on the application. I further acknowledge and agree to fulfill the volunteer obligations that have been established for all financial aid recipients.

Parent/Guardian_____ Date: _____

Signature: _____

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BFC Board Only

Approved Amount: $_____ Date: _____ Notes: _____

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