

BREA POP WARNER
(Brea Junior Athletic Association)
PO BOX 701, Brea, California 92822

Financial Assistance Agreement

Name of Applicant _____

Applying for Participant Name(s) _____

The purpose of the financial assistance program is to provide partial financial assistance for Brea Pop Warner/Brea Junior Athletic Association (BPW/BJAA) registration expenses to participant families in the Brea area who wish to participate in the Brea Pop Warner football and cheerleading program, and believe they are unable to afford the full cost of the program.

I understand the terms of the Brea Pop Warner/Brea Junior Athletic Association Financial Assistance Agreement as follows:

1. Financial assistance is based on availability of funds. The BPW/BJAA Board will make the final decision about who will be awarded a scholarship.
2. BPW/BJAA reserves the right to reduce or eliminate aid based on availability of funds and participant eligibility.
3. BPW/BJAA has the right to recover the cost of aid provided, if information is received which verifies that the recipient had the ability to pay or falsified any statement or supporting documents.
4. A partial registration payment of \$100.00 per participant is required.
5. As a part of this scholarship agreement, members will be required to provide volunteer hours, above and beyond team required volunteer hours and assignments, as a reimbursement for financial assistance as outlined BPW/BJAA. The scholarship applicant agrees to complete all scholarship and team hours assigned.

I, _____, on behalf of my child/children agree to provide as reimbursement for financial assistance from BPW/BJAA in the amount of fifteen (15) hours per child during the season. I understand that I will provide these hours of service as listed above under the direction of the BPW/BJAA Board.

Furthermore, by signing this agreement, I acknowledge that failure to comply with the terms and conditions of this agreement or failure to provide the service hours listed above will forfeit all financial assistant for the season and my child/children may be removed from the program.

Applicant Signature _____ Date _____

BPW/BJAA Board
Signature _____ Date _____