



CBSL Financial Assistance Program Application

- The CBSL Financial Assistance Program (FAP) shall be contingent on the availability of league funds.
- All requests will be kept confidential.
- Only Colchester residents are eligible for financial assistance.
- Requests must be submitted to the CBSL EOB. Please complete this application and submit to the President at President@cbsl.org, with any applicable documentation by the posted deadline.
- No request will be considered unless all required forms (including the application form and any required documentation) are authenticated, complete and included.
- A separate request form is required for each participant.
- Each request will be reviewed by the CBSL Executive Operating Board pursuant to the CBSL By-Laws.
- Applicants may be granted one of two options, understanding that option 2 requires multiple forms of financial hardship documentation.
- Applicants for FAP shall only be considered if any prior year financial obligations to CBSL have been satisfied in full.

Option #1: Pay over time (preferred option)

Approved applicant and CBSL FAP coordinator shall set and agree to a program where all fees due shall be payable on a mutually agreed upon payment schedule. Completion of agreed upon payment schedule shall be in up to three (3) monthly installments, to conclude no later than May 30, 2019. Failure to meet the payment schedule will void any and all FAP agreements and could preclude future CBSL participation.

Option #2: Reduced amount (supporting documentation required)

Approved applicant may suggest a reduced fee. CBSL EOB will review and award a reduced amount (which may be different from the requested amount) and inform the applicant of the award. Any agreed upon reduced fee shall be payable by March 30, 2019. Failure to meet the payment schedule will void any and all FAP agreements and could preclude future CBSL participation if full registration fee is not submitted.

Note: Incomplete forms will not be considered.

Required forms (2) (please check off):

- CT State unemployment documentation
- Reduced school lunch documentation
- *CT State issued Husky ID card (*additional documentation demonstrating financial hardship may be required)
- Justification meeting with the EOB

Participant's Name: _____ League Age: _____
 Parent/Guardian: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____
 FAP request to be used for: Division: _____ Season: Spring Fall

Request option desired (circle one): Pay over time Reduced Amount
 If reduced amount, total fee amount requested: _____

Number of people in home: Adults: ____ Children: ____ Ages of children: _____

 Signature of Applicant (Must be player's Parent/Guardian) Date

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| CBSL Use Only | |
| ____ Request Granted: ____% (Equals \$_____) | Date Notified: _____ |
| ____ Request Denied – Reason: _____ | |
| _____ Signature of CBSL FAP Coordinator | _____ Date |
| _____ Verified by CBSL EOB Official | _____ Date |