

North County Youth Football & Cheer, Del Norte Nighthawks 2019 Extended Payment Plan Program

North County Youth Football and Cheer is proud to serve our community, offering a football and cheerleading program. Part of this services includes our extended payment plan program for deserving families in the community we serve, so that every child has the opportunity to participate regardless of his or her family income. Our goal is to make it possible for every child to play.

The extended payment plan program is intended for low income families that do not qualify for our financial aid program but are still in need of additional assistance. Applications should be turned in at the time of registration, but no later than June 30th 2019.

Minimum Requirements:

1. The applicant must meet the minimum NCYFC participation requirements.
2. Any person applying for an extended payment plan will be required to pay the \$50 deposit by June 30th 2019, unless otherwise approved by the NCYFC president.

Selection Process:

1. Extended payment plans are intended for low income to very low income families.

Family Size	Low Income	Very Low Income
1	59,950	37,450
2	68,500	42,800
3	77,050	48,150
4	85,600	53,500
5	92,450	57,800
6	99,300	62,100

2. Extended payment plans will be made available based on need, and based on the order in which the completed extended payment plan application is received.
3. NCYFC reserves the right to limit the number of extended payment plans granted based on current financial aid/extended payment plan commitments and requests for financial aid/extended payment plans.

Duration and Continuation:

1. Extended payment plan will be granted for the 2019 Football and Cheer season only.
2. Once an extended payment plan recipient is registered for NCYFC, participation in the full program session is required. Withdrawal from the program for any unexcused reason will result in financial aid/extended payment plan ineligibility for one year.
3. Late payment of program fees or failure to comply with the terms and conditions of the agreement by the recipient will result in NCYFC discontinuing extended payment plan program and the participant(s) will be removed from the NCYFC program(s).

How to Apply

1. Register online at our website www.nighthawksyouthfootball.org
2. Completed extended payment plan application & submitted to NCYFC:
-Mail: 16881 Old Survey Road Escondido CA 92025, in person: in-person registration event, dates listed on our website or email: NCyouthfootballcheer@gmail.com
1. All information provided in the extended payment plan application is confidential and will not be released to others.

Thank you for your interest in the financial aid program. All information submitted to NCYFC Executive Board will be held in strict confidence. Questions may be addressed via email at NCyouthfootballcheer@gmail.com. Please review the application carefully and complete all sections. Incomplete applications will not be accepted.

Approved Denied Approved by: _____ Date approved: _____

Extended Payment Plan Application

Please complete this application in full, sign and return to NCYFC by mail, in person or email as outlined in the guidelines. The information you provide will not be reviewed by anyone outside of the NCYFC Executive Board of Directors. The information will be used solely to determine whether your child is eligible for an extended payment plan.

Parent/Guardian Name: _____

Relation to Child: _____ Phone: _____

Email: _____ Employer: _____

Do both parents live in the home? (circle one) Yes No

Number of person(s) in household under 18 years of age: _____

Number of person(s) in household over 18 years of age: _____

Monthly Household Income: Gross income is the amount before taxes or other deductions. To figure monthly income, multiply weekly amount by 4.33 or bi-monthly amount by 2.15. List for each adult; income and subsequent income: pension, welfare, SSI, child support, alimony, ect.

Adult Name	Income	Subsequent Income

Are you currently unemployed? (circle one) Yes No

Are you currently paying child support? (circle one) Yes No

If yes, monthly amount \$ _____

Have you previously received financial assistance from NCYFC? (circle one) Yes No

Please explain the circumstances that make financial aid necessary: _____

I certify that all of the above information to be true, correct & that all income is reported. I understand the information provided will be reviewed by the NCYFC Executive Board, in the strictest of confidence. I also agree that any misrepresentation on my part will be reason enough for this application to be dismissed and will result in denial of any form of financial aid.

Applicant Signature: _____ Date: _____

Printed Name: _____

Approved Denied Approved by: _____ Date approved: _____

Financial Aid Contract

Name of Applicant: _____

Applying for (Children's Name): _____

The purpose of the extended payment plan program is to provide financial assistance for NCYFC registration expenses to participant families in the area we serve, and who wish to take part in the NCYFC football or cheer program and believe they are unable to pay the full cost of the program by the original deadline of June 30th 2019.

Financial assistance is made possible by contributions made to NCYFC through annual fundraising campaigns and donations from corporate, business and personal contributions.

I understand the terms of the NCYFC extended payment plan program as follows:

1. Extended payment plans are provided based on availability of funds, amount of space within requested programs and the number of people seeking assistance.
2. The NCYFC reserves the right to reduce or eliminate aid based upon availability of funds and participant eligibility.
3. The NCYFC has the right to recover the cost of aid provided if any information is received which verifies recipient had the ability to pay or falsified any statements or supporting documentation, or failed to notify NCYFC of any change of household status, income or other related financial information.
4. Extended payment plan recipients must adhere to NCYFC policies and procedures as outlined during the online registration process.
5. Because extended payment plans are made possible by funds from our annual support campaign, we expect that members accepted for assistance will be active participants in the program.
6. Withdrawal from the program for any unexcused reason will result in loss of financial assistance for one year.
7. As part of the extended payment plan agreement, I agree to abide by all the rules, regulations and guidelines set forth by North County Youth Football and Cheer. Furthermore, I agree to complete a minimum of two (2) hours of volunteer service; to be completed by October 19th 2019. Volunteer service may be completed by someone other than the parent/ guardian but requires board approval. All volunteers must be 18 years old or older.

Applicant Signature _____ Date _____

Printed Name _____

NCYFC Board Signature _____ Date _____

NCYFC Board Signature _____ Date _____

Approved Denied Approved by: _____ Date approved: _____