

GOLD COAST REGION BBYO

FINANCIAL AID POLICY

PURPOSE: Gold Coast Region BBYO is committed to sending as many of its members as possible to BBYO sponsored Regional and International programs. Financial aid is based primarily on need and varies subject to the availability of funds.

Each person requesting financial aid from BBYO must be a member in good standing of BBYO and may not be a graduated senior. Financial aid will only be awarded to pay the cost of BBYO sponsored Regional and International programs and the cost of transportation to such programs.

In the case of special circumstances, and subject to the availability of funds, a member may be awarded assistance of up to 75% of the total cost of the program and round-trip transportation. To apply for financial aid totaling greater than 35% of the program cost, the member should note the special circumstances in the financial aid application. **Applications of this kind will only be considered if the applicant submits the first two pages of the applicant's parents' 1040 tax forms with the application.**

All requests for financial aid must be submitted to the Program Director at the BBYO office. All applications must be received by the deadline established by the Program Director. The financial aid review committee shall use their best efforts to keep the information stated in the applications confidential. **Youth requesting financial aid must not discuss their requests or their awards received with others. Doing so may jeopardize future financial aid eligibility.**

The Program Director shall notify applicants of financial aid awarded by e-mail. Moneys awarded for International programs will be paid directly to the International BBYO office on behalf of the specific BBYO member.

Members needing additional funds beyond the awarded assistance should contact the Regional office (954) 252-1912 to discuss special fund raising options with the Program Director and/or Program Associate.

Both financial aid and other scholarship awards are grants of money and are not a "loan" as that word is customarily defined. Nonetheless, moneys are awarded with the understanding that, in future years when members are able, members will make donations to BBYO to enable others to benefit from similar opportunities. Members applying for assistance may be asked to acknowledge this understanding.



SCHOLARSHIP APPLICATION

All information will be confidential

**ALL APPLICATIONS ARE DUE NO LATER THAN THE EARLIEST CONVENTION DEADLINE!
NO EXCEPTIONS – APPLICATIONS RECEIVED SUBSEQUENTLY WILL NOT BE CONSIDERED**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Chapter: _____

TO BE COMPLETED BY PARENT(S) / GUARDIAN(S):

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Parents' marital status: _____

Number of dependent persons living in the household: _____

If you are seeking scholarships from other sources, please list them.

Please describe in detail why you are seeking financial assistance at this time?

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TO BE COMPLETED BY PARTICIPANT:

Grade: _____ Years in BBYO: _____

Present Office(s): _____

Past Office(s): _____

What future goals do you have in BBYO? _____

Please indicate approximately how much money you make each week through job, allowance, babysitting, etc.

List past BBYO conventions you have attended:

What activities have you been involved with in your chapter?

What activities have you been involved with in the Region / International?

Why do you wish to participate in this program?

In order to determine the total amount of scholarship being requested, subtract the total family contribution from the total price of convention / program. Please note that if this section is not completed correctly, the committee may refuse to review this application. Further, the committee requires that the amount of scholarship requested is specific; applications stating "whatever possible" will not be considered.

- TOTAL PRICE OF CONVENTION / PROGRAM: _____
 Youth Member's Contribution: _____
 Parental Contribution: + _____
- TOTAL FAMILY CONTRIBUTION: = _____
- FINANCIAL ASSISTANCE FROM OTHER SOURCES: - _____
- TOTAL SCHOLARSHIP REQUESTED: = _____

Please sign and return this application to the regional office at:
Gold Coast Region BBYO • c/o David Posnack JCC • 5850 S Pine Island Rd. • Davie • FL • 33328
Phone: 954-252-1912 • FAX: 954-252-2856

Member's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____