

Brunswick Junior Railroaders Financial Assistance / Scholarship Application

Name of child(ren):

_____ Date of Birth _____ Team _____
_____ Date of Birth _____ Team _____

Parent/Legal Guardian Name/s:

_____ Relationship to child _____
_____ Relationship to child _____

Address:

Contact Information:

Email _____ Phone _____

Please explain your request/circumstances for assistance:

Is your child eligible for free or reduced meals at school? YES _____ NO _____

Have you ever received financial assistance from BJR? YES _____ NO _____ Don't remember _____

What type of assistance are you requesting? Payment Plan _____ Scholarship _____

If a partial scholarship were available, how much can your household afford to pay? _____

If requesting a payment plan, what terms could you afford? _____

As a recipient of financial assistance you are encouraged to and may be asked to volunteer for additional responsibilities, other than agreed to at the time of registration, at a BJR sanctioned event. For example: Banquets, Fundraisers such as Golf or Bingo, Tournaments and any other outside sanctioned event volunteers are needed.

Would you be willing to volunteer in some capacity to BJR? YES _____ NO _____ How? _____

I certify that the above information is true and complete to the best of my knowledge. I understand there is no guarantee of assistance and BJR made no promise of assurances of financial aid.

Signature _____ Date _____