

**West Linn Select Basketball  
Request for Financial Assistance**

Parent/Guardian (Please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address \_\_\_\_\_

Children for Whom Assistance is Requested:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Uniform Needed (Y/N) \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Uniform Needed (Y/N) \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Uniform Needed (Y/N) \_\_\_\_\_

The Select basketball program involves a significant amount of cash outlay to cover gym fees, league and tournament fees, referee fees, uniforms, insurance and other expenses. Although it is our desire that every qualified youth have the opportunity to participate, the West Linn Youth Basketball Association has limited funds available for families needing financial assistance.

The fee for participation in the Select Program for this season is \$350. Although full assistance may not be available, the Association may be able to grant partial relief. Therefore, we ask that all families seeking financial assistance consider contributing some amount of their fee. Please indicate below how much payment you are pledging to make per month (3 months):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief description as to why you feel financial assistance is required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This Request for Financial Assistance form, along with a Manual Select Registration form, must be received by the Association prior to October 25th. Requests will be considered and acceptance/rejection will be communicated to the requestor prior to November 15. No youth may participate in any game until the Association receives full payment or a Request for Financial Assistance is granted.**

I acknowledge that all statements made herein are true and accurate. Further, I pledge that I will honor my stated financial commitment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed form to: West Linn Youth Basketball  
PO Box 511  
West Linn, OR 97068