Financial Assistance Request Form

The Central York Wrestling Booster Association is pleased to provide financial support to athletes within its program. Reimbursement will be given on a **case by case basis** and will be capped at \$150 per calendar year for K-6 and \$300 per calendar year for 7-12. These funds can only be requested for the off season and may be used for the following: Clinics, tournament, camps. All requests are due by **JULY 1** of each year and the Booster Club will cap the total amount disbursed each year to \$4,000.00. The booster club will vote on assistance requests during the July board meeting.

Eligibility- To be eligible to apply for reimbursement a player/family must at a minimum: (Please initial beside each item)

Have volunteered 6 hours total during the Fall/ Winter/ Spring prior to application at the following: Golf outing, Elementary home matches, YAIAA Championships, Team Dual Championships, District 3 AA Regionals. Please list the hours the player or family completed and what event.

Athlete Name/ Grade		
school Athlete Name/ Grade	Attended Centra	al York practices during the season regularly (at least 85%)
Parent Name/s Email/ Phone Number Amount Requested and Event/Date Attended Parent Signature Date Please fill out the entire form and return to: CYWBA	Maintain accepta	able grades (3.0 GPA/ Honor Roll), attendance, and behavior at h
Email/ Phone NumberAmount Requested and Event/Date Attended Parent Signature Date Please fill out the entire form and return to: CYWBA	Athlete Name/ Grade	
Amount Requested and Event/Date Attended Parent Signature Date Please fill out the entire form and return to: CYWBA	Parent Name/s	
Parent Signature Date Please fill out the entire form and return to: CYWBA	Email/ Phone Number	
Please fill out the entire form and return to: CYWBA	Amount Requested and E	Event/Date Attended
CYWBA	Parent Signature	Date
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