



# Gustine Redskins Youth Football & Cheer Let Us Help!

Thank you for your interest in a GRYFC Sponsorship. We offer financial assistance to individuals and families who are not able to pay full fees for GRYFC Registrations and/or uniforms.

Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to participate in our program.

GRYFC sponsorships are made possible through generous donations from individuals and businesses around our community, opening a world of team building and sports through our football and cheer programs for you and your family.

A complete application must be submitted. **Incomplete applications cannot be processed.** All financial assistance is distributed on a case-by-case, first-come, first-served basis.

You will receive a phone call, email or letter within 1 week regarding your qualification and next steps. We look forward to serving you.

**Please return this application and copy of report card(s) to:**  
GRYFC, PO BOX 4 , GUSTINE, CA 95322 or [redskinsgustine@gmail.com](mailto:redskinsgustine@gmail.com)

## **REQUIREMENTS:**

- **Registration on Sports Plus and submission of all required documents such as copy of birth certificate and insurance card must be completed in order for application to be considered.**
- **Athlete(s) must have a minimum of a 2.0 GPA. Final report card must be submitted with application.**
- **If application is approved, sponsored families are required to complete 3 additional volunteer shifts, these shifts are in addition to your standard minimum required shifts.**
- **Sponsored families must participate in all league fundraisers**
- **Equipment Deposit of \$100 for one player or \$150 for multiple players will be required.**  
(Families will be allowed to sell beef sticks to raise money to cover equipment deposit)

## **DEADLINE:**

**All sponsorship applications must be submitted prior to July 1st**

**SPONSORSHIP APPLICATION**

WHAT ARE YOU APPLYING FOR? (CIRCLE ALL THAT

<b>PRIMARY APPLICANT</b>	
NAME:	BIRTH DATE:
ADDRESS:	CITY/STATE/ZIP
PHONE NUMBER	EMAIL:
EMPLOYER:	

<b>SECONDARY APPLICANT (IF APPLICABLE)</b>	
NAME:	BIRTH DATE:
ADDRESS:	CITY/STATE/ZIP
PHONE NUMBER	EMAIL:
EMPLOYER:	

<b>HOUSEHOLD MEMBERS</b>					
FIRST NAME	LAST NAME	DOB	RELATIONSHIP	RETURNING (Y/N)	NEED SPONSORSHIP

**PLEASE SHARE WHY YOU ARE REQUESTING FINANCIAL ASSISTANCE (REQUIRED)**

**EXPLAIN WHY/HOW, BESIDES FINANCIALLY, YOU WOULD BENEFIT FROM PARTICIPATING IN OUR PROGRAM**

Has any member of your household received a sponsorship from our program in the past? Y \_\_\_\_ N \_\_\_\_ If yes, please list who and when it was received \_\_\_\_\_

**I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT I WILL RECEIVE A FINANCIAL ASSISTANCE SPONSORSHIP. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I AM AWARE THAT ADDITIONAL VOLUNTEER HOURS ARE REQUIRED TO RECEIVE FINANCIAL ASSISTANCE AND PARTICIPATION IN LEAGUE FUNDRAISERS ARE ALSO A REQUIREMENT TO RECEIVE A SPONSORSHIP. FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL DISQUALIFY MY HOUSEHOLD FOR ANY POSSIBLE FUTURE ASSISTANCE.**

Individuals/couples living at the same address and sharing the same household information. Sponsorships will only be given for those whose names appear on the supporting documents.

\_\_\_\_\_  
\_ SIGNATURE OF PRIMARY APPLICANT

\_\_\_\_\_ DATE

\_\_\_\_\_  
\_ SIGNATURE OF SECONDARY APPLICANT

\_\_\_\_\_ DATE

NOTE: Application is for

RCVD:\_\_\_\_\_ APPROVED:\_\_\_\_\_ DENIED:\_\_\_\_\_ FULL:\_\_\_\_\_ PARTIAL:\_\_\_\_\_