



BRAMS UNITED SOCCER CLUB

8950 McLaughlin Road South, Building D
Brampton, ON L6Y 5T1
905-452-8169

Fee Assistance Policy

Brams United Soccer Club understands the importance of all Brampton residents having equal opportunity to participate in soccer programs and enjoy the benefits of being active. To help make this possible, the Club will provide financial assistance to qualified applicants for most Club programs, when fiscally possible.

1. All Fee Assistance requests must be submitted to the Club Executive Director/Director of Soccer:
directorofsoccer@bramsunited.ca
2. Applicants must first apply for financial assistance through [Jumpstart](#) or [KidSport Canada](#)
3. Applicants must provide the following:
 - a) Jumpstart application number (ON #...)
 - b) Fee Assistance Application Form
 - c) Supporting documents such as the *most recent* Income Tax return(s) and/or notice of assessment(s)
4. All applications and documents will be reviewed and assessed by the Fee Assistance Committee on an individual's needs and circumstances.
5. Maximum assistance will be equivalent to the Club House League Registration Fee to the applicable age group (not covered by Jumpstart or KidSport Financial Assistance) and based on the Club's financial ability to support the Fee Assistance Program.
6. In addition to Club's assistance, individual teams may also choose to support players with fundraising/sponsorship.
7. Applicant to be notified by email as to the status of the application within 10 business days of BUSC receiving all documents.
8. The Fee Assistance program is available to Brampton residents only.
9. A Payment Plan option can also be arranged for those who do not qualify for Fee Assistance
10. There are no refunds on fee assistance.

Revised as of 08/25



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All the information collected by Brams United Soccer Club is done so confidentially and solely for the purposes of evaluating financial need. All information included on this form is collected in accordance with the Brams United Soccer Club Privacy Policy.

First Name: _____ Last Name: _____

Address: _____

Street

City

Postal Code

Home Phone #: _____ Cell / Business #: _____

Email Address: _____

Participants Name: _____ Cost of Program: _____

Number of Persons in your household: _____

Number of Persons in your household over 18 years: _____

Proof of income is mandatory Please list the documents you have provided as proof of income below:

Applicant's Signature: _____ Date: _____

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