



## Financial Aid Application

Parent 1 Name \_\_\_\_\_ (Parent 2 Name) \_\_\_\_\_

Address: \_\_\_\_\_

Parent 1 Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Email \_\_\_\_\_

(Parent 2) Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Email \_\_\_\_\_

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_

Household Income 2018 \_\_\_\_\_ Number of Dependents 2018 \_\_\_\_\_

Single parent? Yes \_\_\_ No \_\_\_ Are you on another Club Team other than Basketball Yes \_\_\_ No \_\_\_

Sibling participating? Yes \_\_\_ No \_\_\_ Player's Name \_\_\_\_\_ Grade \_\_\_\_\_

Commuting ? Yes \_\_\_

### Eligibility

To be eligible to apply for financial assistance, a family/player MUST agree to the following terms.

\_\_\_ **Be willing (both player and parent) to work and assist at BullDawgs events/tournaments**  
(e.g. tournament check-in, snack bar, score clock during games, etc.) to help compensate for the assistance provided.

\_\_\_ **Be able to meet a minimum commitment of 80% of all practices and games.**

*If the following terms are not met, it may affect a player's ability to receive a financial assistance*

**Please read and initial all lines this section to confirm your eligibility.**

- \_\_\_ Keep all financial agreements confidential at all times.  
\_\_\_ Be willing to put an original payment down. Make monthly payments to pay the remaining basketball expenses.  
\_\_\_ Be willing to discuss personal financial matters with a BullDawgs Representative

### Choose the Financial Assistance Level applying for:

Level I (25%)  Level II (50%)  **Level III (100%) NOT AVAILABLE**

I certify that the information provided is, to the best of my knowledge, accurate and truthful.  
By typing my initials on this form, I am providing my electronic signature.

\_\_\_\_\_  
(Print parent 1 name) (Signature or initials) (Date)

\_\_\_\_\_  
(Print parent 1 name) (Signature or initials) (Date)