 2022 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 2021 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Dependents 2021 \_\_\_\_\_

Single parent? Yes \_\_\_ No \_\_\_ Sibling participating? Yes \_\_\_ No \_\_\_

Player’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_ Commuting Yes \_\_\_(Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

E**ligibility**

**Please read and initial all lines in this section to confirm your 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 75% of all practices/games.**

\_\_\_\_ **BullDawgs schedule must serve as a priority for tournaments.**

\_\_\_\_ 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

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

The following are NOT Eligible for assistance:

* Roster Player
* Non-Practice Player
* Playing an additional Club Sport in same season
* Sports Gear including Uniforms

**Choose the Financial Assistance Level applying for:**

Level I 4th+ year player Level II 2nd /3rd year player Level III 1st Year Player

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)