



# 2026 Financial Aid Application

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

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

Parent Cell \_\_\_\_\_ Email \_\_\_\_\_

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

Household Income 2025 \_\_\_\_\_ Number of Dependents 2025 \_\_\_\_\_

What was the adjusted gross income for the last tax year or net household income for the family?

- Less than \$50,000
- \$50,000-\$60,000
- \$60,000-\$80,000
- More than \$80,000

- List current assistance family receives, if any:  Subsidized housing  Public assistance
- Unemployment insurance  Food stamps  Medical assistance  Free/reduced cost school lunch program

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

Commuting Yes \_\_\_\_\_ (City)

### Eligibility

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

\_\_\_ 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 unless for school events.

\_\_\_ Uniforms and Gear are not part of financial aid.

### The following are NOT Eligible for assistance:

- Non - Roster Player
- Playing an additional Club Sport during same season (Volleyball, Soccer etc)
- Sports Gear including Uniforms.

### Choose the Financial Assistance Level applying for:

- Level I 4<sup>th</sup>+ year player     Level II 2<sup>nd</sup> /3<sup>rd</sup> year player     Level III 1<sup>st</sup> 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)