



2025 Financial Aid Application

Parent 1 Name _____ (Parent 2 Name) _____

Address: _____

Parent 1 Cell _____ Email _____

(Parent 2) Cell _____ Email _____

Player's Name _____ Grade _____

Household Income 2024 _____ Number of Dependents 2024 _____

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

- Less than \$40,000
- \$40,000-\$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 ___

Player's Name _____ Grade _____ Commuting Yes ___ (Location _____)

Eligibility

Please read and initial all lines 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.

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

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 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)