



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.**
- ___ **BullDawgs schedule must serve as a priority for tournaments.**

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 \$200.00 1st -2nd year player Level II 3rd 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)