



Financial Aid Application

Parent 1 Name _____

(Parent 2 Name) _____

Address: _____

Parent 1 Cell # _____ Home # _____ Email _____

(Parent 2) Cell # _____ Home # _____ Email _____

Player's Name _____ Grade _____

Player's Name _____ Grade _____

Household Income 2016 _____ Number of Dependents 2016 _____

Are you a single parent? Yes ___ No ___ Are you on another Club Team other than Basketball Yes ___ No ___

Eligibility

To be eligible to apply for financial assistance, a family/player MUST agree to the following terms.
If the following terms are not met, it may affect a player's ability to receive a scholarship.

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

- ___ Keep all financial agreements confidential at all times.
- ___ 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 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 Director.
- ___ Be able to meet a minimum commitment of 80% of all practices and games.

Choose the Scholarship Level

Level I (25% scholarship) Level II (50% scholarship) Level III (100% scholarship) **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)