



Financial Assistance Form

Purpose: To assist in providing financial aid to Hoop Dreams student-athletes who would not otherwise be able to participate.

Eligibility: To be eligible to apply for financial assistance, a player/family must:

Please initial on the lines below stating that you agree to the following terms and conditions.

- _____ Be willing (both parent and player) to work and assist at Hoop Dreams events (e.g. sweeping courts, officiating at scrimmages, event registration, etc) in an effort to compensate for the assistance provided.
- _____ Be willing to discuss personal financial matters with a member of the financial assistance committee and provide a current pay-stub, bank statements, and other financial documents deemed necessary to evaluate financial need.
- _____ Be agreeable (both parent and player) to actively participate in future club and team fund raisers.
- _____ Be willing to make monthly payments to pay remaining basketball expenses if it is decided this is the best way to coordinate with scholarship monies provided.

Application Information Requested:

Parent Name(s) _____ Team Coach/Grade _____

Player's Name: _____ Phone: Home _____ Work _____

Estimated annual Household Income _____ Household Size _____

Number of children playing for Hoop Dreams: _____

The information provided is, to the best of my knowledge, accurate and truthful:

Parent Signature: _____ **Date:** _____

Please sign and mail completed form to:

**Hoop Dreams Basketball Club
P.O. Box 190801
Boise, Idaho 83719
Hoopdreamsbasketball.com**

ALL Financial Assistance requests are confidential.