



### 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.**