

GILBERT HOOPS CLUB FOUNDATION FINANCIAL ASSITANCE PROGRAM 2022 – 23 APPLICATION

Dear Applicant:

Gilbert Hoops Club Foundation provides financial aid for kids, who without financial assistance would be unable to participate in the club's basketball activities. No guarantee of assistance is implied by this application. A committee consisting of board members and/or coaches will handle all applications and communication regarding financial aid. If the number of financial aid applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system. The following is a summary of the aid program guidelines.

Eligibility

- 1) Parents/Guardians commit that the athlete will attend a minimum of 80% of all scheduled games, practices, and workouts.
- 2) Parents/Guardians agree to volunteer 8 hours per aid recipient. Hours will support basketball related activities, i.e., filming games, stats, team administration
- 3) We expect a player receiving financial assistance to be in good standing with their school and educational responsibilities. Student's must provide grade records showing a minimum of a C-average for all coursework.

Documents

Note: The following document is required:

1) Front page of most recent federal 1040 tax return

Further, the following documents can be submitted as well to provide more information: (optional)

- 2) Two most recent paycheck stubs
- 3) Unemployment benefit statement
- 4) Disability income benefit statement
- 5) Public assistance income statement

Applications are due up to a week prior to the start for the class or program. If all information is not provided, it will delay approval. Applicants will be notified by email following application submittal.

Sincerely,

GHC Admin

Application

Address:			Zip:
Nork phone:	Home phone:	Cell	phone:
E-Mail:		Date of Birth:	
I. Household Annual Incor	ne: \$ F	lease provide:	
	l (Gas, Electric, Cable, etc.) eent 1040 Income Tax Return (pa	ges 1 & 2) showing	g dependents
	ax Return for the previous year se who DO NOT file for taxes)	you must submit	the following: (this option i
	loyment check stubs (2) – or- Pro pyment, etc.) Please provide a c		need. (i.e., Social Security, S
Please state the re	ason(s) for applying for scholars	nip assistance	
Place of Employment: _			
	ding in household:		
Number of persons resi			
Number of persons resi List names and birth da	ding in household:	endents:	
Number of persons resi List names and birth da NAME:	ding in household: tes of applicant, spouse and depe	 endents: B:	AGE:
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What amount can you pay towards the program?

6. Have you or your dependents received assistance through this program before?

Yes _____ No _____

Applications are due a week prior to the start for the season. If all information is not provided, it will delay approval.

Applicants will be notified by email following application submittal.

Please email this application to: admin@gilberthoopsclub.com or drop off to the director.

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that false or incorrect statements shall be sufficient cause for disqualification of my application request.

Applicant's Signature

_____ Date: _____