



## **Tahoma Basketball Association (TBA) Financial Assistance Application**

Email Completed Form to: [info@tahomahoops.com](mailto:info@tahomahoops.com)

### **Disclosure Regarding Financial Assistance**

An eligible applicant is an individual who currently resides in the state of Washington and requires assistance to participate fully in the Tahoma Basketball Association (TBA) athletic program. The final determination of eligibility is at the sole discretion of the TBA Board of Directors. Applications can be submitted on behalf of an eligible person by a legal guardian.

1. Awards of financial assistance granted by TBA will be dispersed on a case-by-case basis. Any grant of financial assistance is not an agreement by TBA to provide the applicant with financial assistance for any period of time or in an amount other than that specified by TBA in its sole and absolute discretion at the time of the grant. Once the grant is approved, TBA will apply payment toward registration/league fees
2. The amount of the grant shall be determined at the sole discretion of the TBA Board of Directors based in part upon the recommendation of a two-member screening panel. The satisfaction of minimum eligibility standards does not guarantee grant approval for financial assistance. TBA does not discriminate based on race, color, religion, national origin, sex, sexual orientation, or political affiliation.
3. The TBA Board of Directors reserve the right to grant assistance and at any time, to modify the amount in terms of any financial assistance awarded or to terminate such financial assistance upon a change of either the grantee's or TBA's circumstances or the discovery of new information relevant to such financial assistance or this application.
4. The undersigned hereby certifies that he/she has answered the questions to the best of his or her ability, and that the information provided by the undersigned is true, complete and correct. The undersigned understands that any false or misleading information will disqualify the applicant from receiving any financial assistance from TBA. In the event that a grant has been made prior to the discovery of any such false or misleading information, TBA reserves the right to recover from the undersigned the funds previously granted and paid.
5. The TBA Board of Directors believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their involvement. Thus, all eligible recipients will be asked to pay a portion of their participation fee, and volunteer their time with the TBA program in an agreed upon manner.
6. Information submitted or received in connection with this application will be disclosed to and used by the TBA Board of Directors and staff in evaluating the application, and will be held confidential unless otherwise required by law. In the event the application is approved, however, TBA reserves the right, and the undersigned agrees, that TBA (without disclosing the recipient's name or address) shall have the right to release information publicizing the grant and explaining the basis upon which the grant was made.

**To be completed by the parent or guardian of applicant:**

- Applications will not be considered for funding if application is incomplete and missing appropriate paperwork.
- All information contained in the application is considered confidential and will remain within the financial assistance committee.
- Applications are awarded based upon need and the measured commitment level of the participant and family.

Participant's name: \_\_\_\_\_

Participant's Birthdate: \_\_\_\_\_ Years of participation with TBA: \_\_\_\_\_

Participant's School Grade: \_\_\_\_\_ Participant's School \_\_\_\_\_

Parent or Guardian name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email address (print clearly) \_\_\_\_\_

PLEASE COMPLETE all information and answer all questions. This application is confidential. Family members living in household: (please only include people living in household)

1st Child's Name \_\_\_\_\_ Age \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ Age \_\_\_\_\_

3rd Child's Name \_\_\_\_\_ Age \_\_\_\_\_

4th Child's Name \_\_\_\_\_ Age \_\_\_\_\_

\*for additional children, please attach additional page with names and ages

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

How long Employed? \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

How long Employed? \_\_\_\_\_

1. Monthly take-home COMBINED income \_\_\_\_\_

2. Are you currently receiving financial assistance? \_\_\_ yes \_\_\_ no

3. If yes, what type and how much? (AFDC, SSI, Child Support, Food Stamps etc).

Type \_\_\_\_\_ Monthly amount \_\_\_\_\_

4. Do you qualify for the free and reduced lunch program? \_\_\_ yes \_\_\_ no

5. Have you received financial aid in the past? \_\_\_ yes \_\_\_ no

6. What amount are you able to pay toward your player's fee? \_\_\_\_\_

The statements I have given are true and correct. I have read and agree to the conditions for financial assistance.

Signature of Parent(s) or Guardian \_\_\_\_\_

Date \_\_\_\_\_

For office use only:

Date Application Received \_\_\_\_\_ Date of Award \_\_\_\_\_ Amount Awarded \_\_\_\_\_