



2018 Financial Assistance Form

Date: _____

Name: _____

Address: _____

Phone: _____ Cell: _____

Player's Name: _____

Reason for Application: _____

Type of Scholarship Being Requested (Circle One)

- Deferred Payment (Registrant agrees to pay full amount by April 10, 2018)
- 50% Scholarship (Registrant agrees to pay 50% of registration fees)
- Full Scholarship (HFLL covers all costs)

INFORMATION NEEDED TO PROCESS APPLICATION:

Are you currently working? Y N (circle one)

If currently working: Full time Part time (circle one)

hours per week _____

Hourly Wage \$ _____

If not working:

Receiving Unemployment Y N (circle one)

Weekly amount \$ _____

Receiving Child Support Y N (circle one)

Amount \$ _____

Receiving disability Y N (circle one)

Amount \$ _____

Number of household members _____ Number over 18 _____

Total amount of household weekly income (everyone over 18) \$ _____

Scholarship Requirements:

- Work 4 **extra** sessions per child in the concession stand (minimum of 2 hours per session per child)

The concession stand requirement can be fulfilled by anyone in the household that is 16 years of age and older. Failure to fulfill this requirement can result in the revocation of the scholarship.

I understand and agree that the requirements must be fulfilled to honor the scholarship. If not fulfilled, the Board of Directors could rescind the Scholarship Application. If the Scholarship Application is rescinded, then all fees would be due. It could also jeopardize your child(ren)'s participation time.

Print Name

Signature

Office use only:

Approved Y N *Date* _____ *Initials* _____