

47° Basketball Financial Aid Application

Please complete the financial aid application and submit along with the required income documentation to info@shootyourshothoops.com at the time of registration. Incomplete applications will not be accepted.

REQUIRED INCOME DOCUMENTATION: Copy of most current years' tax return (pages 1 & 2 of Tax Form 1040, signature required on the second page)

1. Primary Applicant: The primary applicant is the main provider for the child(ren) seeking assistance.

Primary Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Name of child(ren) seeking assistance: _____

2. Other Adults: Please list all other adults who live with the child(ren).

First Name	Last Name	Relationship to the child (circle one)
_____	_____	parent step-parent other
_____	_____	parent step-parent other
_____	_____	parent step-parent other
_____	_____	parent step-parent other

3. Dependent Children: Please list all dependent children living in the primary applicant's home.

First Name	Last Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Income: Please list all income received from all adults listed in sections 1 and 2 including, but not limited to, income from jobs, social security, child support, alimony and government assistance programs. We require a copy of the most current years' tax return as proof of income.

Name of Person Receiving Money	Employer OR Source of Income	How Much?	How Often?
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

I certify that the aforementioned information is true and complete to the best of my knowledge. I agree to inform 47° Basketball immediately of any changes in income or family size. I understand that false information will disqualify my family for financial assistance.

Printed Name: _____

Signature: _____