

LMVSC TRAVEL Basketball

For Office Use Only:

Date Recv'd: _____

2020-2021 FINANCIAL AID APPLICATION

Applications are processed in the order in which they are received.

If you have multiple players, you only need to submit one application per family. Each player's name must be listed.

Complete Player Information – PLEASE PRINT NEATLY

Player Name			
	(Player Last Name)	(Player First Name)	
Player's Year of birth	_____		
	Male _____ Female _____		
Parent/Guardian(s) Names			
Street Address			
City/State/Zip			
Email Address			
Phone	Home <input type="checkbox"/>	Cell <input type="checkbox"/>	
Household Size	# of Adults	# of children (Under 18)	

Please indicate with an "X" which documents you are providing as part of your application:

<input type="checkbox"/>	Current Proof of Eligibility for Free or Reduced Lunch Program (copy of current lunch letter)
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READ, AGREE AND INITIAL next to each paragraph below.

<input type="checkbox"/>	I certify that all the information on this application is true and correct, that all required financial documents are attached , and that all income is reported. Incomplete applications are at risk of not being reviewed.
<input type="checkbox"/>	I understand I must submit proof that I am receiving services. If my child is currently enrolled in a public assistance program such as Free Lunch or Medicaid, I give my permission for the Department of Family Services to release information verifying my eligibility, if necessary.
<input type="checkbox"/>	I understand that my child's registration information is public record and, as such, may be released under the Virginia Freedom of Information Act. I grant LMVSC permission to release my child's registration information.
<input type="checkbox"/>	I understand that after reviewing of this application, the Financial Aid Committee may determine that I am responsible for a portion of the annual Club payment. I will be responsible for ALL team fees for travel basketball.

I understand that this scholarship is for a portion of LMVSC club fees and that the award amount offered is non-negotiable. Financial Aid provided by the club DOES NOT include team fees, uniform kit or optional attire, camps, clinics, travel costs or additional costs determined by the team and not budgeted for in advance.

Signed: _____ Date: _____

Applications and supporting documentation should be returned *as quickly as possible* and no later than ***two days after the last tryout date for your child*** in order to be eligible for financial aid. Applications are processed in the order in which they are received with returning LMVSC travel players having priority.

Return completed application and supporting documents to:

LMVSC Travel Financial Aid
PO Box 10202, Alexandria, VA 22310

OR scan, attach as a photo and email to FAApps@lmvsc.org

SPORTS CLUB