



Reduced Fee Program Application

Hoop Generation is dedicated to providing youth basketball activities to everyone regardless of the financial situation they come from. Funds provided for the reduced fee program are self-funded by Hoop Generation and through Donations to the extent funds are available. The following form is designated to insure that all players in need of financial assistance are given equal opportunity to apply and receive assistance based on Hoop Generation stipulations below.

Please read and fill out the following information on pages 2 and 3, as well as include any documents requested. Any request that does not have all of the following information filled out and/or attached will not be considered for evaluation.

Required Documentation:

1. Most recent Federal 1040 tax form
2. Copy of participation in schools reduced lunch program
3. A completed registration form for the activity you wish to participate in.

Optional Documentation:

1. Disability / Unemployment benefits
2. Make note of extraordinary medical expenses or other extreme circumstances
3. Any other income

Pay stubs are no longer an acceptable form of proof of income

Please fill out the following information for Financial Assistance Review Board:

(All information given in the document will remain confidential by Hoop Generation, and no release of this information will be allowed. No one will know that your child is participating in our reduced fee program.)

Once all information is completed send via:

- Email: team@hoopgeneration.org



Hoop Generation Reduced Fee Application Date _____

PERSONAL INFORMATION

Head of Household:

Full Name _____

First, Middle Initial, Last

Permanent Address _____

City, State _____ Zip _____

HomePhone _____ Male / Female

Birthdate _____ Annual Income _____

(Attach copy of IRS Tax Return or SSI statement)

Spouse (or other household income contributor):
If applicable

Full Name _____

First, Middle Initial, Last

Address _____

City, State _____ Zip _____

HomePhone _____ Male / Female

Birthdate _____ Annual Income _____

(Attach copy of IRS Tax Return or SSI statement)

If you are a disabled individual and receive disability benefits only – please provide your disability statement as your source of income.

Applicants must provide their most recent Federal 1040 income tax return. Adjusted gross income can be found on Line 37 of form 1040, Line 21 of form 1040A, or on line 4 of 1040EZ. If needed, the applicant(s) can call the IRS at (800)829-1040 to obtain a free transcript. If the applicant(s) was not required to file taxes, they must provide a statement of government benefit payments (SSI, disability, etc.) This can be obtained by calling the Social Security Office at (800)772-1213 or TTY (800)325-0778.

Participants Full Name Age Grade Birthdate School

Application for reduced fee program is for: (circle one)

Select Teams Private Training Camps Skills Academy Other: _____

Have you ever applied for assistance before? (circle one)

Yes No

Your present household income level is? (circle one)

\$0-\$12,999 \$13,000-\$18,999 \$19,000-\$24,999 \$25,000-\$32,999 \$33,000-\$37,999 \$38,000-\$49,999

Are you employed? Other Adults in Household employed?

Yes No Yes No ↑

Are you receiving any of the following?

Food Stamps Yes No Spousal Support Yes No
Unemployment Benefits Adult Yes No School Lunch Program Yes No
Child Support Yes No Other Assistance Received:

Everyone's financial situation is different. What is the amount that you feel you can pay?

\$ _____ (Please provide a dollar amount)

Please describe any special circumstances and any information that will help us better understand why you should be considered for the Reduced Fee Program

Financial Assistance Agreement

1. All players on reduced fee program will pay their predetermined registration fee at the time of registration. (unless determined otherwise)
2. The Reduced Fee will be provided **ONLY** for Registration fees. This does not include any other purchases or expenditures.
3. Upon acceptance of financial assistance, applicant agrees to assist Hoop Generation with team and/or camp functions as needed.
4. Recipients of reduced fee program are required to provide a minimum of 7 volunteer hours each season (example: volunteer assistant coach, keep score, work score at tournaments, assist with registrations at check ins for events, assist us with sharing marketing materials, etc.)
5. Player and Parent agree to the Hoop Generation Sportsmanship Policy

Reminder: You must provide a copy of your previous year's tax return showing your adjusted gross income or a social security benefits verification letter with your application.

No application will be reviewed without accompanying verification of all household income.

The information I have provided on this form is true, accurate and complete. I agree to provide additional documentation to verify financial need if necessary.

Hoop Generation will deny or revoke membership privileges for any person(s) found to have a sex offender conviction.

I understand that failure to comply with Hoop Generation policies can result in immediate revocation of financial assistance privileges.

Applicant's Signature _____ Date _____

Email _____ Phone Number _____

We will notify you when approved.