



## 2017 FINANCIAL AID APPLICATION INFORMATION & INSTRUCTIONS

*\*\*\*Please read all instructions and sign before filling out application\*\*\**

The Hamilton County Athletic Association awards financial aid to families who qualify based on income and family size. Please see below for further requirements and instructions.

**What it covers:** Financial aid only covers the cost of registration for each sport. All uniform, equipment, or other supplies needed for participation are the responsibility of the parent/guardian unless otherwise specified.

**Per player cap:** Players may qualify for financial aid for 1 (one) sport per season, not to exceed 2 (two) sports per year.

**Deadlines:** All applications ***MUST*** be turned in by the registration deadline specified for each sport for each season. The specific deadline dates can be found at the HCAA website at [www.hcaasports.com](http://www.hcaasports.com) or by contacting the sports coordinator. Applications will not be accepted after the deadline has passed. *There will be no exceptions.*

***\*Applicants must re-apply every season.***

**Required documentation:** All required documentation must be submitted at the same time as the application. We will not accept applications that do not have the proper documentation attached. Required documentation is as follows:

### **INCOME DOCUMENTATION**

- Copy of past 4 pay stubs (if applicable) for each adult living in athlete's household **OR**
- Copy of most current years' tax return

**Application:** All information must be complete and legible on the application. Any false or missing information may disqualify the child(ren) for financial assistance.

**Registration:** You can register your child online at [www.hcaasports.com](http://www.hcaasports.com) or mail in a completed registration form only **AFTER** you have been notified that your application has been approved.

**I have read and understand the above instructions for applying for financial aid.**

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_



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

Name of Person Receiving Money		Employer OR Sources of Income	How Much?	How Often? (circle one)	
_____	_____	_____	\$ _____	Weekly	Every 2 Wks
First	Last			Twice a Month	Monthly
_____	_____	_____	\$ _____	Weekly	Every 2 Wks
First	Last			Twice a Month	Monthly
_____	_____	_____	\$ _____	Weekly	Every 2 Wks
First	Last			Twice a Month	Monthly
_____	_____	_____	\$ _____	Weekly	Every 2 Wks
First	Last			Twice a Month	Monthly
_____	_____	_____	\$ _____	Weekly	Every 2 Wks
First	Last			Twice a Month	Monthly

**I certify that the aforementioned information is true and complete to the best of my knowledge. I agree to inform the Hamilton County Athletic Association immediately of any changes in income or family size. I understand that false information will disqualify my family for financial assistance.\***

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

\*Hamilton County Athletic Association's financial aid is a privilege and we reserve the right to ask for additional information.

**FOR OFFICE USE ONLY**

Approved Percentage: \_\_\_\_\_ %

Amount HCAA will pay:\$ \_\_\_\_\_      Amount applicant needs to pay:\$ \_\_\_\_\_

Approved by: \_\_\_\_\_      Date approved: \_\_\_\_\_