



Financial Aid Request Form

Confidential

Application for registration fee financial aid for Joplin Youth Basketball Association's league. Information provided on this form is confidential and will be used only to assess financial aid need. Information collected below is consistent with information requested by the Alliance of Southwest Missouri for evaluation of financial aid under the Full Potential Program.

Player & Guardian Information

Player Information

| | | | |
|-------------|---|----------------|--|
| First Name: | | Last Name: | |
| School: | | | |
| Grade: | | Date of Birth: | |
| | | Gender: | |
| Race | <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino, or Spanish <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Some other race <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Prefer not to Answer | | |
| Ethnicity | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to Answer | | |

Parent / Guardian Information

| | | | |
|-------------|--|------------|--------|
| First Name: | | Last Name: | |
| Address: | | | |
| City: | | State: | |
| | | Zip: | |
| Email: | | | Phone: |
| | | | |

Continue to Pages 2-3 for Financial Aid Application

Financial Aid Application

| | |
|---|--|
| How many adults are in the household? | |
| Parent / Guardian Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Does your child/children qualify for free or reduced lunch? | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Dependent Information*Please list family members that are dependents on your tax return*

| | | | |
|---------------|--|----------------|--|
| First Name: | | Last Name: | |
| Relationship: | | Date of Birth: | |

| | | | |
|---------------|--|----------------|--|
| First Name: | | Last Name: | |
| Relationship: | | Date of Birth: | |

| | | | |
|---------------|--|----------------|--|
| First Name: | | Last Name: | |
| Relationship: | | Date of Birth: | |

| | | | |
|---------------|--|----------------|--|
| First Name: | | Last Name: | |
| Relationship: | | Date of Birth: | |

| | | | |
|---------------|--|----------------|--|
| First Name: | | Last Name: | |
| Relationship: | | Date of Birth: | |

Monthly Income

| | |
|---|--|
| Gross Monthly Income (1 st Adult): | |
| Gross Monthly Income (2 nd Adult): | |
| Child Support: | |
| Unemployment: | |
| TANAF: | |
| Food Stamps: | |
| Social Security / SSI Disability: | |
| Retirement / Pension: | |
| Alimony: | |
| Other: | |
| Annual Gross Household Income | |

Monthly Expenses

| | |
|------------------|--|
| Rent / Mortgage: | |
| Auto Loan: | |
| Utilities: | |
| Phone: | |
| Child Support: | |
| Medical: | |
| Child Care: | |
| Other: | |

I certify that this information accurately represents my total household income, and that I do not have additional income not represented above.

| | | | |
|---------------|--|-------|--|
| Printed Name: | | | |
| Signature: | | Date: | |