

Carolina Mustangs Athletic Association Financial Aid Application

Applicant's name: _____ email: _____

Limited financial aid is available for athletes who are in need of financial assistance. The amount of assistance is limited, and based on availability on a first-come, first-served basis. No more than 50% of the season fees will be available for assistance so if the season fee is \$300 and financial assistance is requested you would be responsible for \$150. Following this review, the applicant will be notified regarding their eligibility. Financial Aid is granted based on financial need only, and is not based on playing ability.

Completed Financial Aid requests must be received no later than November 15, 2020.

All Financial Aid requests are strictly confidential. Information is for the sole purposes of helping the Board Financial Aid Committee(President and Treasurer) determine financial aid eligibility and will not be shared with anyone. Please return the completed application to: **Stephanie Reeves, Board Chairperson.**

Expectations of Families Receiving Financial Aid:

Families receiving financial aid are required to volunteer in support of team duties. The player or player's family will be required to volunteer time at some level as a trade-off for receiving Financial Aid. Unusual circumstances will be evaluated on an individual basis, and exemptions granted based on Financial Aid Committee approval.

Statement of Need/Request: (please provide any information you feel the committee should take into account when considering your application for financial aid. i.e. change in employment, change in marital status, substantial medical expenses, or other extenuating circumstances.) Use the back if additional space is needed.

I certify and affirm the above information is true and complete to the best of my knowledge. I agree to inform the Financial Aid Committee of any change in my income, family size, or ability to pay. I understand incomplete information could jeopardize eligibility for financial assistance. I have read the Program Description and understand there is no guarantee of fee assistance. I understand the Carolina Mustangs Athletic Association makes no promise or assurances of financial aid. I understand the award amount is subject to funds available and the family's ability to pay and is NOT based on playing ability.

Signed: Signature: _____ Date: _____

ADMIN USE ONLY

Received date: _____ By: _____ Approved on: _____ Family notified on: _____