



Deer Lakes Touchdown Club

FINANCIAL AID APPLICATION

_____ New Application
_____ Renewal

Athlete's Name: _____ Date of Birth: _____

Address: _____

Home Phone No.: _____ Email Address: _____

Household Size: _____

Father/Guardian's Name: _____ Occupation: _____

Mother/Guardian's Name: _____ Occupation: _____

Please List Sibling(s) Name(s) and Age(s):

Total Annual Gross Household Income*: \$ _____

*Please include wages, child support, social security, tips, commission and unemployment compensation. Financial aid is primarily based upon financial need, therefore, the prior year's Federal Income 1040 Tax Return for **all** household members, and or Federal or State Award Letter (e.g. AFDC, Social Security, 1099A, SSI Award Letter) must be submitted. Please include copies with your completed application.

Please describe any special circumstances, which may affect your family's ability to pay DLHS/DLMS Participation and/or other associated fees this season. _____

Please describe your child's desire to play football for DLHS/DLMS. _____

Has your child played football for DLHS/DLMS before? _____ If so, when: _____

Certification by Parent/Guardian:

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature

Date

For Touchdown Club Use Only:

Date Received: _____

Verified Total Annual Income: \$ _____

Documentation of Income: _____

Accepted _____

Declined _____

Letter Sent _____