



Satellite High School Football Touchdown Club

CONFIDENTIAL FINANCIAL ASSISTANCE REQUEST FORM

Satellite High School Football Touchdown Club (The TDC) wants to ensure that all players who want to participate in football have the opportunity to do so. We all share the philosophy, "Money should not prevent a child from participating in sports". Thus, The TDC has created a financial assistance process for our families

The expense to maintain a football program of our caliber requires significant fundraising and volunteerism far exceeding the required player fees. Therefore, it is important to understand that assistance through this program only replaces the player contribution fee; recipients of aid are still required to meet other fundraising obligations.

STEPS:

1. ***Complete and submit the application as soon as possible. Application does not guarantee funds!*** The TDC may offer either full or partial financial assistance. Equipment may not be issued prior to player contributions being met. Allow for up to 3 days for application approval.
2. Submit the following application to Coach Knox Robinson.

Confidential Satellite High School Touchdown Club Financial Assistance Request Form

The information you provide below will help to accurately assess your financial need and to consider an allocation based on both need and available resources. To be considered for financial assistance, please answer all questions. All information you provide remains confidential.

Player Name: _____

Age _____

Parent(s)/Guardian Name: _____

Address: _____

Primary Phone: _____ Email: _____

1. Family income (total income from all sources)

| | | |
|-------------------|-------------------|-------------------|
| \$25,000 or under | \$40,001-\$55,000 | \$70,001-\$85,000 |
| \$25,001-\$40,000 | \$55,001-\$70,000 | \$85,001 and over |

2. Other support

What other donations/scholarships from other family members or companies/organizations will you be able to contribute? _____

_____ Amount of support \$ _____

3. Amount of assistance requested. The fair share contribution is \$350 for 1 player and an additional \$175 for each sibling.

Requested financial assistance \$ _____

How much will you personally contribute? \$ _____ Payment plan _____

4. Total household size and ages of family: _____

5. Family contribution

If financial assistance approved, do you commit to participate in fundraising and volunteer work?

Please describe the ways you will contribute including availability and activities you will participate in:

6. Payment plan

If you are requesting this option please describe the payment plan requested _____

7. Special circumstances

Describe any special circumstances that should be considered in your request for financial assistance. HEAD COACH SUBMITTED - HARDSHIP SITUATION

By signing below you verify that all information is true and that you agree to participate fully in fundraising and volunteer activities during the season which you have requested assistance.

Name: _____ Signature: _____

Date: _____

For TDC use:

Date received: _____ Received by: _____

Reviewed by: _____

Approved Rejected

Notes: _____
