

Hoop Dreams Basketball Academy
Youth Financial Assistance Scholarship
Application Instructions

The Hoop Dreams Basketball Academy Youth Financial Assistance Scholarship Program strives to provide financial assistance for all Lexington youth residents desiring to participate in the Hoop Dreams Basketball programs who could not otherwise participate due to financial restrictions. Please read the following instructions completely before filling out the application. **Incomplete applications will not be accepted.**

Guidelines:

1. Scholarship applications and appropriate documentation must be **completed and submitted 7 (seven) calendar days prior to the first day of the program.**
2. Scholarships are awarded for registration fees only; not for supplies, uniforms, memberships, or other costs.
3. Scholarships will **not** be applied to past registrations.
4. Any past due Hoop Dreams accounts must be brought current before a scholarship application is considered.
5. Scholarship recipients are responsible for their own transportation to and from league activity sites.
6. Scholarship recipients who do not attend the activity regularly may be ineligible for future scholarships.
7. Refund and Cancellation Policies apply towards the portion paid for by the recipient/parent.
8. To use any portion of the scholarship, you must notify staff.

Eligibility:

If the applicant has received a Hoop Dreams Scholarship in the past 12-months you are not able to apply at this time. To determine eligibility for a Hoop Dreams Financial Assistance Scholarship, answer the following questions:

1. Does the youth live in the city of Lexington?
2. Is the youth 14 years of age or under?
3. Can the youth commit to attend/participate in 80% of the activity?

If you answered “no” to **any** of the above questions, you are not eligible for a Hoop Dreams Basketball Youth Financial Assistance Scholarship. If you answered, “yes” to **all** of the above questions, you must qualify for or be currently receiving financial assistance from one or more of the Federal/State/County Programs listed below:

1. Free or Reduced School Lunch Program
2. Foster Care
3. Medicaid
4. Food Stamps
5. Unemployment through job loss in excess of 90 days

Non-Discrimination

Participants eligible for the Hoop Dreams Financial Assistance Scholarship Program will remain confidential and will be treated in the same manner as those participants that pay full price for the same service. No family will be discriminated against because of race, color, religion, nationality, ethnic origin, or disability.

Confidentiality

All Hoop Dreams Financial Assistance Scholarship Program applications and attachments are confidential, shall be used exclusively for the Hoop Dreams Financial Assistance Scholarship Program and no other purpose. The applications and attachments shall not be disclosed by their parties or their respective attorney to any person, corporation, firm, or entity of any type except as provided by law. None of the parties hereto shall disclose the terms of these applications and/or attachments, or provide an original or a copy of all, or any portion thereof to anyone, except for the following:

1. To the extent necessary to obtain tax advice or file tax returns concerning the program;
2. To the extent necessary to comply with a lawful order or process of a court or competent jurisdiction;
3. To the extent necessary to comply with the application process
4. Upon written consent of the parties, or a request of information from any taxing authority;
5. To comply with a lawful request under the Kentucky Public Records Act.

To Apply:

1. Complete the Application for Hoop Dreams Basketball Academy Youth Financial Assistance Scholarship Program. An application must be completed for each youth. Applications are reviewed on a case-by-case basis. Application must be signed by a parent/guardian.
 - a. Attach the official document(s) signifying which program the child is receiving aid. If such documents are not available, a school employee, social worker, or caseworker must sign the form to verify qualification.
 - b. Completed application and required documentation must be submitted 7 (seven) calendar days prior to the first day of the program session to the **Hoop Dreams Basketball Academy 2412 Palumbo Drive, Lexington, KY 40509**. Incomplete applications and/or lack of documentation will be considered incomplete and application will be denied. For questions regarding the application, please call 859-300-9225.
 - c. The Hoop Dreams Basketball Academy will notify the applicant upon approval/denial of the scholarship application.
 - d. Upon approval of the scholarship, applicants may register for league activity. If space is available. The scholarship recipient or recipient's parent/guardian must pay the remaining amount.

Examples of How the Hoop Dreams Scholarship can be applied

Example #1

- Registration is \$179.00; Hoop Dreams Scholarship is \$50; Recipient pays \$119

**Youth Financial Assistance Scholarship Program for Hoop Dreams
Basketball Academy**

(Please refer to the Application instructions before completing).

Youth Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____

School: _____ Teacher: _____ Grade: _____

Parent/Guardian

Name: _____ Email: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Number/Phone: _____

Is the applicant currently receiving a scholarship through another program?

Y___ N___

If yes, please list the source and the amount: _____

Has the applicant participated in another Hoop Dreams program before?

Y___ N___

If yes, which Hoop Dreams program and when: _____

Has the applicant previously received Hoop Dreams Financial Assistance?

Y___ N___ If Yes, what year? _____

Will your child be able to participate in the above Hoop Dreams activity if you do not receive Hoop Dreams financial assistance? Yes ___ No ___

Qualification for the Hoop Dreams Financial Assistance Scholarship is based on: (Circle one and submit appropriate documentation with the application. **Lack of documentation will be considered an incomplete application and will be denied.**)

1. Free or Reduced School Lunch Program
2. Foster Care
3. Medicaid
4. Food Stamps

5. Unemployment through job loss in excess of 90 days
If appropriate documentation is not available, the undersigned verifies that the applicant is qualified for the program circled above.

Print Name

Title/Agency

Signature

Phone Number

If you do not meet any of the qualifications above, please (1) Describe any unusual circumstances or provide additional information to assist in determining whether financial assistance should be awarded (add additional paper if needed), **and (2) Provide references who can verify your financial need** (for example: clergy, social worker, non-family members).

Name	Relationship	Phone Number
	BY MIKE & SCOTT	

Agreement

For Hoop Dreams Basketball Academy Use Only

Date Received: _____

Qualifying documentation attached/signed: _____

Name of Qualifying Player: _____

Approved _____ Maximum Amount Approved \$ _____ (Depending on available funding at time of registration).

Denied _____ Reason: _____

Youth Financial Assistance Scholarship Valid from _____ to _____.
(Scholarship is valid for a one year period, commencing on the date of the approval and terminating one year later.)

Parent/Guardian Notified on: _____ By: _____

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for disqualification from financial assistance. The Hoop Dreams Basketball Academy is hereby authorized to research my qualifications for financial assistance by contacting the references listed above. I understand that I will be contacted when the application has been approved or denied.

Signature of Parent/Guardian:

Date:

