

Des Plaines Girls Softball

FINANCIAL AID APPLICATION

Des Plaines Girls Softball (DPGS) offers a limited amount of Financial Aid for house league softball programs based on demonstrated need. The DPGS Financial Aid Committee reviews and approves all applications and all application information is kept 100% confidential.

A separate application is required for each season. We encourage applicants to make a copy of your completed application and supporting documentation for your records and to assist you in submitting future applications.

If your application is not approved, please consider an Installment Payment Plan which is also offered.

Financial Aid will not be offered to non-Des Plaines residents. The DPGS Financial Aid Committee shall have sole discretion on the awarding of Financial Aid.

You will be notified the week after the end of Registration if your application has been approved.

REQUIREMENT CHECKLIST FOR ELIGIBILITY

1. Commitment to attend a minimum of 80% of scheduled practices and games.
2. Application must be completed by a parent, guardian, or head of household, with all requested information provided. **Incomplete applications will not be considered.**
3. **All applications are due prior to the final registration date in January.** Incomplete or late applications will not be considered
4. **Applicants MUST register during the registration events held at Prairie Lakes.** Payment will not be required at this time. DPGS will enter "Financial Aid Application Received" in the Registration Memo Field.

FINANCIAL AID PRIORITY WILL BE GIVEN TO ELIGIBLE CHILDREN FOLLOWING AND EVALUATION OF THE CRITERIA BELOW:

1. Receiving assistance from programs such as: the D62 Free Meals Program, Food Stamps, Medicaid, SSI, Foster Care, WIC, etc.
2. Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.

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Please complete the following information, one application per child:

Year Request for Financial Aid: _____

Athlete's Name: _____ Age: _____ Birth date: _____

Street City State Zip

School Athlete Attends: _____ Grade: _____

Home Room Teacher's Name: _____ School Phone #: _____

Amount of scholarship requested: Full \$ _____ Partial \$ _____

Volunteering interest (i.e. coach, team parent, special events (opening day, etc): _____

PARENT / GUARDIAN INFORMATION:

Father/Guardian Name: _____ Occupation: _____ Home Phone: _____
Work Phone: _____ E-mail: _____

Mother's Name: _____ Occupation: _____ Home Phone: _____
Work Phone: _____ E-mail: _____

Has the athlete ever received DPGS Financial Aid? () Yes () No ; If Yes, Year _____

Ability to serve: Board Member: _____ Manager: _____ Coach: _____ Team Parent: _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes DPGS to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct and that **I will comply with each of the "Requirement Checklist for Eligibility" items listed on the Application Instructions.**

Parent/Guardian Signature

Date

OFFICE/COMMITTEE USE ONLY

APPLICATION RECEIVED BY DPGS: _____ REGISTRATION END DATE: _____

DPGS FIN CMTEE APPROVAL: \$ _____
Award Amt *Chairperson Signature* *Date*