

Financial Assistance Application STARS Basketball Club (Club Teams and/or Programming) 2024 Season

STARS Basketball Club desires to provide sports opportunities to every individual regardless of their ability to pay the full extent of program fees. To be considered for financial assistance, a parent/guardian must complete this form in its entirety.

Instructions

Applications must be submitted prior to final tryout session.

All financial assistance applications will be handled on a case-by-case basis and the reduction in player fees, if any, will be determined upon by the STARS Basketball Scholarship Committee.

The completed application and attached Federal 1040 Tax Form should be placed in an envelope marked "Confidential" and mailed to:

STARS Basketball Club – Confidential C/O Lance Akridge 9129 Concord Hunt Circle Brentwood, TN 37027

*You can also scan/email forms to Lance Akridge: LAkridge@StarsBasketballClub.com

If you have any questions, contact Lance Akridge (Club Director): <u>LAkridge@StarsBasketballClub.com</u>

Please Complete All Requested Information on Both Pages

If any fees are reduced, the athlete will be enrolled in our scholarship program which encourages each scholarship parent and/or athlete to volunteer hours for the club throughout the year. The number of hours will be proportional to the size of the scholarship and may be discussed before the final execution of financial assistance.

Parent Information

Name:		Phone:	
Address:		_City:Zi _I	code:
E-man:			
Please Circle Hous	ehold Annual Income Range:		
\$0 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$75,000	\$75,000 – Higher
Player Informa	ation_		
Name:		Grade:	_Gender:
Location (please ci	rcle): SOUTH Hub	NORTH Hub	
Names of Other Ch	nildren (if any) Annlying for F	Financial Assistance:	
		maneral rissistance.	
Please write a short	t paragraph explaining the nee	ed for this scholarship:	
duration of the pro		ed to accepted applicants are on istance is needed the following as.	
	or Financial Assistance, all redederal 1040 Tax Form.	quired forms must be complete	ed and returned
Parent/Guardian Signature:		Date:	