



## **Program Financial Assistance**

Financial Assistance is restricted to youth 18 and under residing in San Diego County. It is intended for youth who are financially unable to afford to participate in a program. All persons submitting a financial assistance application are required to submit verification of income and proof of residency (current utility bill) as proof of qualification. Funds will be dispersed directly to the organization conducting the program or tournament. The Financial Assistance Committee will evaluate other requests. Completion of this Financial Assistance form is required to be eligible to receive financial assistance. A copy of **both** parents' or guardians' current Internal Revenue Service (IRS) tax return shall be used to verify income.

### **Mission statement**

Dream Team HJK Tennis is a nonprofit organization whose purpose is to promote the educational, physical, and social development of all youth through organized tennis and educational activities.

### **What is Dream Team financial assistance?**

Dream Team financial assistance provides for the needs of youth within our community. The assistance can apply to all Dream Team programs, including camps and programs. Dream Team makes every effort to ensure that no person, especially youth, will be denied access to programs because of financial hardship. Our Financial Assistance Program is supported by contributions to our organization's financial assistance/scholarship fund.

### **How is the amount of financial assistance determined?**

We use a sliding-fee scale, based on total household income and the number of dependents in that household.

### **How long does my financial assistance last?**

Need for financial assistance is assessed multiple times per year. You should re-apply each program session.

### **How long does it take to begin receiving financial assistance?**

Upon receipt of your completed application and proper documentation, processing takes approximately two weeks after the deadline.

### **How is confidential information handled?**

Only Dream Team staff will see your application. Applications are kept confidential and are not used for any other purpose than to assess program needs.

### **How do I apply?**

Complete the Financial Assistance Application.

Submit all proper documentation with your Application.

Turn in the completed and signed Application and supplemental documentation to the Dream Team HJK Tennis team.

Applications returned without required documentation will not be considered.



# Dream Team HJK Tennis Financial Assistance Application

New Application  Renewal **Student Name** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Cell Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Household Size: Adults** \_\_\_\_\_ **Children (under age 18)** \_\_\_\_\_

**Household Member Names: include Employer/School/Age**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all programs that you are applying for (include program Name, Cost and Location):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Dream Team programs that you are currently enrolled in**

\_\_\_\_\_

**Total Monthly Gross Household Income (must be completed for processing)**

Wages/Salary \_\_\_\_\_ Child Support \_\_\_\_\_

Social Security Income \_\_\_\_\_ Unemployment \_\_\_\_\_

Tips/Commission \_\_\_\_\_ Family Support \_\_\_\_\_

Other \_\_\_\_\_ Total Income \$ \_\_\_\_\_

**The following documentation of need must be provided by the applicant for processing:**

Prior year's federal income tax 1040 return and current month's pay stubs (for all household members);  
or

Federal or state agency award letter (e.g. AFDC, Social Security, 1099A, SSI Award Letter)

**Please explain why you would like to be considered for financial assistance. Include any special circumstances. (Medical bills, illness, unemployment)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**How did you hear about Dream Team and our Financial Assistance Program**

\_\_\_\_\_

**For office use only:** Documentation Included \_\_\_\_\_ Date Received \_\_\_\_\_  
Monthly Amount \_\_\_\_\_ Total Annual Income \_\_\_\_\_ Letter Sent \_\_\_\_\_