

## Rangers Academy Application for Financial Assistance for Club Fees

Rangers Academy offers a partial financial assistance program for members of the club who demonstrate financial need. Information will remain strictly confidential and all applications will be considered on a per season basis. Automatic renewals of financial assistance will not be considered. Filling out an application does not guarantee that you will receive financial assistance from the club. Each year, the club has a budgeted amount set aside to be used to help those in need of financial assistance to play for Rangers Academy. All applications for financial assistance will be reviewed by the Scholarship Committee established by the Board of Directors. The amount of assistance each player could receive will be determined by the Scholarship Committee and will depend on the number of families who apply. The maximum amount Rangers Academy will offer to any individual will be the cost of club fees for the particular season for which they are applying. If awarded financial assistance, it is further expected that you will honor your commitment to support the club through various volunteer opportunities as they might present themselves during the season. You will be provided with a list of volunteer opportunities through your team. When reviewing your application for assistance, volunteer participation will be taken into consideration.

To apply for Financial Assistance, please complete this form and mail directly to:

**Rangers Academy**  
**Daron White**  
**551 N. Grandstaff Dr**  
**Auburn, IN 46706**

Player Information:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Team: \_\_\_\_\_ Seasons played with team: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_

Parent(s) address: \_\_\_\_\_

Players address if different from Parents:

\_\_\_\_\_

Father's Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

Mother's Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

Father's email: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Total Monthly Income from all sources: \_\_\_\_\_

Number of Adults in household: \_\_\_\_\_

Number of Children in household under age 18: \_\_\_\_\_

How many years have you played with Rangers Academy? \_\_\_\_\_

Do you have siblings playing at Rangers Academy? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Do you (the player) or you siblings participate in other recreational or travel sports programs: \_\_\_\_\_

If yes, please list: \_\_\_\_\_

If yes, have you applied for financial assistance with these other programs? \_\_\_\_\_

Have you requested financial assistance in prior seasons: \_\_\_\_ yes \_\_\_\_ no

If yes, please give dates and amount given: \_\_\_\_\_

Do you qualify for public assistance programs (ie. Reduced lunch, food stamps, etc.)?

\_\_\_\_\_

If yes, please describe:

\_\_\_\_\_

Please give a brief explanation of why you are applying for financial assistance:

\_\_\_\_\_

\_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by Rangers Academy

Approved \_\_\_\_ Denied \_\_\_\_

Amount: \_\_\_\_\_ Season of award: \_\_\_\_\_