



LEGACY BRUCE MAXWELL FINANCIAL AID PROGRAM
APPLICATION FOR MERIT-BASED FINANCIAL AID
CONFIDENTIAL STATEMENT

Application Date: _____

Team: (age/color/name) _____

Coach/Manager _____

A. Player Information:

Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
School _____ City _____ Grade _____
Home Phone () _____ Cell Phone () _____ Email _____

B. Parents Information

Parents' Names _____ Email _____
Address _____ City _____ State _____ Zip _____
Work Phone () _____ Cell Phone () _____ Home Phone() _____
Employers _____

List all children in your family and whether they are registered with the Davis Legacy Club:

Name _____ Age _____ School _____ DLSC Player? Current/Former/No
Name _____ Age _____ School _____ DLSC Player? Current/Former/No
Name _____ Age _____ School _____ DLSC Player? Current/Former/No
Name _____ Age _____ School _____ DLSC Player? Current/Former/No

C. Assessment of need:

Is your current financial situation temporary or permanent? Yes/No

Explain: _____

Are you a single income or multiple income family? Single / Multiple

Explain: _____

Have you completed a 2016 IRS Income Tax return or other Income Tax return? Yes/No

(if yes, please provide copy of 2015/2016 form 1040 or 1040EZ)(if no, please provide copy of 2014/2015 1040 or 1040ez)

(Please provide a copy of 1099's or W2 forms to provide total income for 2015 and 2016)

In 2016, did your family or household receive benefits from any of the federal benefits programs listed?

- Supplemental Security Income
Food Stamps
Free or Reduced Price school lunch
Temporary Assistance for Needy Families (TANF)
Special Supplemental Nutrition Program for Women, Infants and Children
Child Support (How much)?
Alimony (How much)?
Grandparents (How much)?

How many people are in your household? (Includes all children, adults and adult children)

How much of the Davis Legacy Fee can you pay per month?

Please state your reason(s) for requesting financial aid from Davis Legacy:

