



DAVIS LEGACY—BRUCE MAXWELL—FINANCIAL AID PROGRAM
APPLICATION FOR FINANCIAL AID
CONFIDENTIAL STATEMENT

Application Date: _____

Team: (age/color) _____

Coach: _____

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. Documents in Red Need to be Provided:

Is your current financial situation temporary or permanent? Explain:

Four horizontal lines for explaining financial situation.

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

1. Have you completed a 2017 and 2018 IRS Income Tax return or other Income Tax return (Foreign)? Yes / No
(if yes, please provide copy of your 2017 and 2018 IRS Form 1040 or 1040EZ)

2. If you have not filed your 2018 IRS tax return please provide a copy of 1099's or W2 forms for 2018.

How many people are in your household as reported on your tax form? _____

How many years has your family been with Davis Legacy? _____

Have you ever worked at DLSC volunteer parking shift? Yes / No

Are you willing to work at DLSC volunteer parking shifts? Yes / No

