

CAROLINA RISE APPLICATION FOR FINANCIAL ASSISTANCE

PROCEDURES FOR FILING APPLICATION

1. A parent or legal guardian must accurately complete all information on this application form. Attach additional pages if necessary.
2. Attach the following required documents:
 - Copy of the most recent year's IRS tax return.
 - A personal reference form completed by an adult age 21 or older who is not a member of the family attesting to the applicant's eligibility for the financial aid (attached)
3. Failure to provide all of the necessary documentation requires the Financial Aid Committee to deny the request for aid and will delay any approval. There is a limited amount of money to provide financial aid and any delay in the review process may result in no aid dollars being available.
4. Include all signatures and dates on the application and personal reference forms.
5. We recommend submitting applications by mail, dropping off at Carolina Courts Indian Trail front desk, or email to hello@carolinacourts.com. Please make copies of all documents before submitting.
6. Application Forms and all required documents must be submitted for **each player separately**.
[Carolina Rise Scholarship Fund](#)
[240 Chestnut Parkway](#)
[Indian Trail, NC 28079](#)

QUALIFICATIONS AND CONDITIONS

1. Financial aid will be granted, based on need, in an amount deemed appropriate, and dependent on availability of funds.
2. A family member will be required to sign a contract agreeing to payment requirements. There must be a true, verifiable financial need.
3. There must be evidence of good character.
4. A personal interview may be required of the applicant or a family member.
5. The committee will render a decision as soon as possible upon receipt of all necessary information. The decision of the Financial Aid Committee is final.
6. Information contained in this application is considered confidential by the Carolina Rise board, committee members, team coaches or manager and the parties making application for financial aid.

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GENERAL INFORMATION

Complete the following information regarding the applicant. All fields are REQUIRED.

Applicant's Name	
Address	
City	
State	
Zip Code	
Current Age	
Date of Birth (mm/dd/yy)	
School Attending	
Current Grade	
Home Phone	
Applicant Email	
FINANCIAL INFORMATION	
# Family members living in applicant's home	
Adults (age 18 or older)	
Children (under age 18)	
Total annual household income	
Did the athlete qualify for school lunch?	
Name of Father	
Occupation	
Place of Employment	
Work Phone	
Cell Phone	
Email	
Name of Mother	
Occupation	
Place of Employment	
Work Phone	
Cell Phone	
Email	

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What Program/Team are you applying for: _____

Amount of Assistance you are requesting: _____

Provide a detailed explanation as to why the assistance is needed. Attach separate page if additional space is needed. Failure to explain or identify a true financial need requires the FA Committee to deny the request.

(This should be completed by a parent/guardian.)

By signing below, the parent or guardian of the applicant confirms that all of the information on this form is correct, agrees to keep all information provided in this request confidential, and commits to making sure the applicant attends all practice/training sessions, games and other activities required for the team in a punctual manner except when absences have been excused by the coach. Signature also indicates an understanding and acceptance of the conditions set forth in this application and acceptance of responsibility for remaining financial obligations to the club and the team.

Parent/Guardian Signature:		Date :	
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All information is held in strict confidence and will only be shared with the Financial Aid Committee and Board of Directors of Carolina Rise.

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PERSONAL REFERENCE

INSTRUCTIONS

This form should be completed in narrative form by an **adult (age 21 or older)** who is not a member of the applicant's family but has personal knowledge of his/her characteristics. Send it to the following address:

Applicant's Name	
Current Age	
Date of Birth (mm/dd/yy)	
Name of person completing Reference	
Home or Work Phone (best for contact)	
Email	
How long have you known applicant?	
Relationship	
Please detail why should this person be considered for financial assistance?	
Please describe applicant's overall character.	
Please provide any additional detail that will assist the financial aid committee make their decision..	

Reference's Signature:		Date:	
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