



## OSA Elite Financial Aid Application

**(All information submitted herein, including attachments shall be kept confidential by OSA Youth Basketball, Inc. and used only for the purpose of determining any award of Financial Aid)**

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Mailing Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Annual Income \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Number of Children Under 18 in Household: \_\_\_\_\_

Please provide a copy of the first page of your most recent Federal Tax Return showing your gross income and also a copy of your most recent pay stubs:

This application shall not be considered until it is fully completed and executed and submitted along with the documentation referenced above:

I hereby state the foregoing information is true and correct to the best of my knowledge and that the documents I have submitted are true and correct. I understand that this is merely an application for financial aid which may or may not be granted by OSA Youth Basketball, Inc. in its sole and absolute discretion. I understand that I will be responsible for all other fees and costs, which are not covered by any award of financial aid granted by OSA Youth Basketball, Inc, in order for my child to participate with OSA Elite.

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

Date: \_\_\_\_\_

Date: \_\_\_\_\_