

MADE Student Athletic Foundation Financial Assistance

Policy and Instructions

Mission

To better serve our communities by creating opportunities for those in need.

Policy Statement

It is the intention of MADE Student Athletic Foundation is to provide services to all those who request them regardless of economic limitations. This is accomplished by setting fees at rates affordable to the majority of residents in the service area and by providing a financial assistance program for those who request and prove they are in need of fee adjustments.

Guidelines

MADE Student Athletic Foundation believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their MADE Student Athletic Foundation involvement. Therefore, all applicants will be required to pay a portion of the camp fees. A sliding scale for the balance will be used, and the Executive Director will have the discretion to take into account special situations while striving for fair and equitable distribution of available resources with the goal of treating similarly situated individuals and families equally. The program will be operated with strict confidence to maintain and strengthen the dignity of all applicants. In keeping with the MADE Student Athletic Foundation's commitment to serve the entire community, we believe that it is critical to provide financial assistance to families at a rate consistent with their representation in the service area. Our goal at MADE Student Athletic Foundation is to never turn a child away for the inability to pay the full fees. However, our general guideline is to provide financial assistance to no more than 50% of the participants enrolling in the program, and not less than 15%. Financial assistance eligibility will be determined by the Executive Director or their designee, based on a review of the required documentation listed below. MADE Student Athletic Foundation reserves the right to refuse assistance to any applicant.

Eligibility

Assistance will be granted on the basis of financial need. Financial assistance applications must be re-submitted each year. The following documents are required to be considered for the financial assistance eligibility: Completed program registration form Completed financial assistance application. Income verification (copies of paystubs, unemployment checks and/or other types of assistance such as SSI, SSD, etc.) Proof of child dependency (copy of 1st page of most recent tax return showing child as dependent - black out sensitive personal information such as social security numbers prior to submitting)

Funding and Award Process

Funds are the result of the generosity of MADE Student Athletic Foundation supporters who give to the annual Brunch and Basketball Campaign and/or other fundraising. Awards are made without regard to race, religion, sex, age or any other legally protected status. Awards are not reserved; funds are distributed on a first completed first serve basis pending acceptance by the applicant. The evaluation process may take up to 5-7 business days once the completed application and all required supporting documentation has been received. Incomplete applications will not be processed. You will be contacted by a member of the camp office staff to notify you of your scholarship award. A \$50 deposit or minimum payment of program fees (whichever is greater) will be due at time of registration. Registrations will not be processed without the minimum payment and confirmed acceptance of the scholarship awarded. If you have further questions, please contact program director at 313.971.8255 or det.made@madestudentathletics.com.

I have read and hereby agree to the policies of the MADE Student Athletic Foundation Financial Assistance Program. I	
understand that participation in this program is strictly voluntary and for the purpose of providing financial assistance upon	on
approval:	

Signature:	Date:
olgilature	Date



MADE Student Athletic Foundation Financial Assistance Application

Please read policies and fill out this form completely if you are interested in receiving financial assistance from MADE Student Athletic Foundation for any of its programs. Financial Assistance is made possible through the generosity of donors. This form is a

legal document which must be filled out completely and accurately. Incomplete applications will not be processed. Scholarships are based on several factors and this form is not a guarantee of financial assistance.

1st participants name: Last	First	Midc	lle	Birth Date:			
2nd participants name: Last	First	Mid	dle	Birth Date:			
3rd participants name: Last	First Middle		Birth Date:				
4th participants name: Last	First	Mido	dle	Birth Date:			
Mailing Address							
Name of parent/legal guardian			Relationship	Phone Number			
Occupation	Employer			Work Phone Number			
Name of parent/legal guardian			Relationship	Phone Number			
Occupation	Employer	Employer		Work Phone Number			
Monthly Income From <u>All</u> Sources							
monany moonie i rom <u>An</u> courses							
montany meetine 1 form <u>An</u> Gourses			Gross	Net			
Earnings (Salary, Wages, Commissions, e	tc.)		Gross \$	Net \$			
	•						
Earnings (Salary, Wages, Commissions, e Agency Subsidy (SSI, AFDC, Foster Care	Payments, SSD, Food		\$	\$			
Earnings (Salary, Wages, Commissions, e Agency Subsidy (SSI, AFDC, Foster Care Stamps, Medical Aid etc.)	Payments, SSD, Food	otals	\$	\$			
Earnings (Salary, Wages, Commissions, e Agency Subsidy (SSI, AFDC, Foster Care Stamps, Medical Aid etc.)	Payments, SSD, Food sperty, Investments etc.)		\$ \$ \$	\$ \$ \$			
Earnings (Salary, Wages, Commissions, e Agency Subsidy (SSI, AFDC, Foster Care Stamps, Medical Aid etc.) Other (Alimony, Child Support, Rental Pro	Payments, SSD, Food perty, Investments etc.) To ation (ex. W-2, paystub, vou	cher,	\$ \$ \$ SSI, etc.) and proof of dependency (e	\$ \$ \$			
Earnings (Salary, Wages, Commissions, e Agency Subsidy (SSI, AFDC, Foster Care Stamps, Medical Aid etc.) Other (Alimony, Child Support, Rental Pro	Payments, SSD, Food perty, Investments etc.) To ation (ex. W-2, paystub, vou	cher,	\$ \$ \$ SSI, etc.) and proof of dependency (e	\$ \$ \$			
Earnings (Salary, Wages, Commissions, e Agency Subsidy (SSI, AFDC, Foster Care Stamps, Medical Aid etc.) Other (Alimony, Child Support, Rental Pro *You MUST attach monthly income verifical Please indicate the total number of people	Payments, SSD, Food perty, Investments etc.) To ation (ex. W-2, paystub, vou	cher,	\$ \$ \$ SSI, etc.) and proof of dependency (e	\$ \$ \$			
Earnings (Salary, Wages, Commissions, e Agency Subsidy (SSI, AFDC, Foster Care Stamps, Medical Aid etc.) Other (Alimony, Child Support, Rental Pro *You MUST attach monthly income verifical Please indicate the total number of people	Payments, SSD, Food perty, Investments etc.) To ation (ex. W-2, paystub, vou in household living on abov nts, to the best of my knowl g my current income. I agree	ve inc	\$ \$ \$ SSI, etc.) and proof of dependency (example) and belief, are true and correct. If requirements made to the context of th	\$ \$ x. 1st page of tax return)* lested to do so, I can or have ion of any changes in my financial			

OFFICE USE ONLY

Date Received:		Date Evaluated:		Evaluated by:		
Financial Assistance Awa	rded?	d? \$ Awarded: \$ To Pay:		Confirmed by: Phone Letter Office		
Yes % Awarded	No					
Special Notes or Arrangements:						