

PARENT / GUARDIAN INFORMATION FORM

(to be completed by PARENT/GUARDIAN)

PLEASE COMPLETE AND INCLUDE WITH ALL APPLICANT'S FORMS.

Do not mail in forms individually - please mail ALL APPLICATION DOCUMENTS in together.



STEP 1: PROVIDE FINANCIAL INFORMATION

*Please indicate below your family's financial information. This information is very important in order for our Scholarship Committee to determine need, and is only one factor in deciding on scholarship viability. This information is and will remain completely confidential to be viewed only by the members of our *Scholarship Committee*.

- My son/daughter does not qualify for FREE or REDUCED lunch.
**Please indicate below your household's financial status.*

Optional (for non-qualifiers):

Household size _____ Household income \$ _____

- My son/daughter does qualify for FREE or REDUCED lunch.
**Below, please indicate, specifically, which category applies to your family regarding your family size and household income.*

*Please check box below that applies to your family.

USDA INCOME ELIGIBILITY GUIDELINES HOUSEHOLD SIZE AND INCOME SCALE (Effective July 1, 2008 to June 30, 2009)

MAXIMUM HOUSEHOLD INCOME FOR FREE MEALS (130% Federal Poverty Guidelines)							
HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	HOUSEHOLD SIZE	
<input type="checkbox"/>	1	\$13,520	\$1,127	\$ 564	\$ 520	\$ 260	1
<input type="checkbox"/>	2	\$18,200	\$1,517	\$ 759	\$ 700	\$ 350	2
<input type="checkbox"/>	3	\$22,880	\$1,907	\$ 954	\$ 880	\$ 440	3
<input type="checkbox"/>	4	\$27,560	\$2,297	\$1,149	\$1,060	\$ 530	4
<input type="checkbox"/>	5	\$32,240	\$2,687	\$1,344	\$1,240	\$ 620	5
<input type="checkbox"/>	6	\$36,920	\$3,077	\$1,539	\$1,420	\$ 710	6
<input type="checkbox"/>	7	\$41,600	\$3,467	\$1,734	\$1,600	\$ 800	7
<input type="checkbox"/>	8	\$46,280	\$3,857	\$1,929	\$1,780	\$ 890	8
For Each Additional Family Member - ADD	+ \$4,680	+ \$390	+ \$195	+ \$180	+ \$90	For Each Additional Family Member - ADD	
HOUSEHOLD INCOME RANGE FOR REDUCED MEALS (185% Federal Poverty Guidelines)							
HOUSEHOLD SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	HOUSEHOLD SIZE	
<input type="checkbox"/>	1	\$13,520.01 - \$19,240	\$ 1,127.01 - \$1,604	\$ 564.01 - \$ 802	\$ 520.01 - \$ 740	\$ 260.01 - \$ 370	1
<input type="checkbox"/>	2	\$18,200.01 - \$25,900	\$1,517.01 - \$2,159	\$ 759.01 - \$1,080	\$ 700.01 - \$ 997	\$ 350.01 - \$ 499	2
<input type="checkbox"/>	3	\$22,880.01 - \$32,560	\$1,907.01 - \$2,714	\$ 954.01 - \$1,357	\$ 880.01 - \$1,253	\$ 440.01 - \$ 627	3
<input type="checkbox"/>	4	\$27,560.01 - \$39,220	\$2,297.01 - \$3,269	\$1,149.01 - \$1,635	\$ 1,060.01 - \$1,509	\$ 530.01 - \$ 755	4
<input type="checkbox"/>	5	\$32,240.01 - \$45,880	\$2,687.01 - \$3,824	\$1,344.01 - \$1,912	\$1,240.01 - \$1,765	\$ 620.01 - \$ 883	5
<input type="checkbox"/>	6	\$36,920.01 - \$52,540	\$3,077.01 - \$4,379	\$1,539.01 - \$2,190	\$1,420.01 - \$2,021	\$ 710.01 - \$ 1,011	6
<input type="checkbox"/>	7	\$41,600.01 - \$59,200	\$3,467.01 - \$4,934	\$1,734.01 - \$2,467	\$1,600.01 - \$2,277	\$ 800.01 - \$ 1,139	7
<input type="checkbox"/>	8	\$46,280.01 - \$65,860	\$3,857.01 - \$5,489	\$1,929.01 - \$2,745	\$1,780.01 - \$2,534	\$ 890.01 - \$1,267	8
For Each Additional Family Member - ADD	+ \$6,660	+ \$ 555	+ \$278	+ \$257	+ \$129	For Each Additional Family Member - ADD	
CONVERSION FACTORS -	USE ONLY TO CONVERT MULTIPLE FREQUENCY INCOME ON THE SAME APPLICATION INTO YEARLY INCOME FOR ELIGIBILITY DETERMINATION: IF paid WEEKLY: Salary X 52 IF paid EVERY 2 WEEKS: Salary X 26 IF paid TWICE PER MONTH: Salary x 24 IF paid MONTHLY: Salary X 12						

PROCEED TO STEPS 2, 3 & 4 →

PARENT / GUARDIAN INFORMATION FORM (continued)

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STEP 2: COMPLETE TRANSPORTATION REQUEST (IF NECESSARY)

*Please indicate transportation needs, if any.

- I am able to provide transportation to and from the basketball teaching program.
- I will need some assistance in transporting my son/daughter to and/or from the basketball teaching program.
IMPORTANT: *If you check this box, you are indicating that you are unable to find any means of transportation/carpooling on your own. You are also authorizing any other means of transportation organized and provided by the VABA Foundation (including by a staff member or volunteer). PLEASE CHECK BELOW.*
 - I voluntarily assume full responsibility for any risk of loss, property damage or person injury, including death, that may be sustained by my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the VABA Foundation's transportation assistance program, whether caused by the negligence of the release or otherwise. During the period of the basketball teaching program my son/daughter has signed up for, I hereby give permission for the staff of the VABA Foundation to provide transportation for my child to and/or from the specified teaching program. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.*

STEP 3: COMPLETE & VERIFY APPLICATION INFORMATION

*In order to be considered for a scholarship, the parent/guardian must review all enclosed information/documents and verify for accuracy.

*Please check the boxes below and sign at the bottom. PLEASE READ STATEMENTS CAREFULLY and answer honestly.

- I understand that I am responsible for transportation to and from teaching program, and will make sure my son/daughter is dropped off and picked up in a timely manner. **I have requested transportation assistance, if necessary. (Check box if you agree.)*
- I have reviewed all information enclosed and verify its accuracy. (Check box if you agree.)
I understand that participating in this camp experience requires a level of commitment and dedication. I understand the responsibilities and commitments agreed upon by my son/daughter and promise to assist and support in him/her upholding and fulfilling these to the fullest. There are no potential conflicts during the dates of the basketball program and, barring any unforeseen injuries or physical ailments, my son/daughter will be present for all scheduled sessions/practices.

Signature of Parent/Guardian **X** _____ Date _____

STEP 4: CONFIRM ALL APPLICATION FORMS ENCLOSED

IMPORTANT! Please double-check all items are included with application.

- YES, I have completed my Scholarship Application *I agreed to/signed my Commitment Pledge
- YES, Student-Athlete Questionnaire/Personal Statement is completed and enclosed.
- YES, Two (2) Reference Questionnaires are completed and enclosed
 1. REFERENCE #1 NAME: _____
 2. REFERENCE #2 NAME: _____
- YES, Parental/Guardian Information Form is completed and enclosed
- YES, Registration Form is completed and enclosed

*with partial payment, if applicable

Mail all forms to: VABA, Scholarship Application, PO Box 2438, Charlottesville, VA 22902

Do not write in this box
(for Scholarship Committee use)

Date Reviewed: _____

Program: _____

Status: _____

COST:	ALLOCATED:
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