

The Texas Express Basketball Club
Application for Annual Fee
Discount

Due date 03-11-2019

Player Name: _____ Age _____ DOB _____ / _____ / _____

Mailing Address _____ City _____ Zip _____

Father's Name: _____ Circle: Married or Single _____

Home Phone: (____) _____ Wk Phone: (____) _____ Cell: (____) _____

Occupation _____ Contact person _____ Phone# (____) _____

Place of employment _____ Annual Income: Circle: 10K, 11-20K, 21-30K, 31-40K

What is the amount of your monthly house payment? _____

Mother's Name: _____

Home Phone: (____) _____ Wk Phone: (____) _____ Cell: (____) _____

Occupation _____ Contact Person _____ Phone# (____) _____

Place of employment _____ Annual Income: Circle 10K, 11-20K, 21-30K, 31-40K

What is the amount of your monthly house payment? _____

Number of children in household _____ Number of children playing in Texas Express Program _____

*Please attach a copy of your 2017 or 2018 tax return/s showing proof of your total household income. This application must be signed and completed entirely along with providing the required documents to be considered for financial assistance. **Fax the information to 817-443-3971 or mail the required documentation to: TX Express, P.O. Box 126559, Ft. Worth, TX 76126***

I (Father) _____ and (Mother) _____

Have not falsified information and have completed this application accurately. I/We understand that I/we am/are responsible for all other fees unless specified otherwise in writing, including monthly gym rental fees, coach's fees, tournament fees, and travel fees. We, also, understand that all players are strongly encouraged to participate in individual and team fundraising.

Father's Signature **Date**

Mother's Signature **Date**

All information provided in this application will be kept confidential and will be used for the sole purpose of determining the need for financial assistance. The Texas Express Financial Aid program is designed to help qualified athletes in need. There is a limited amount of financial aid available and cases will be reviewed on a first come first serve basis. Date Reviewed _____ Financial Aid Approved Yes ___ No ___
If yes, Amount approved _____ By _____ Committee Chairperson (1)
By _____ Committee Chairperson (2)