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Excellence.

2441 Bellevue Ave., Daytona Beach, FL  
32114

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FINANCIAL AID FORM

**Instructions:** (1) Complete first 2 pages of this application (2) Have your daughter(s)/son(s) complete the Student Essay (3) Attach the first 2 pages of your 2014 and 2015: 1040, 1040a, or 1040EZ tax return (omitting all schedules and forms) (4) Complete ALL DME Sports Academy Registration forms, pay the registration fees and (5) Drop off all completed information in a sealed envelope to **DME Sports Academy: Attention Lynette Bowman.** **All applicants must complete the Registration Paperwork and fee payments before final decision can be made on amount of financial aid towards stated tuition rates.**

Parent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Dependents Currently Living in Household: \_\_\_\_\_

Number Living Outside of Household: \_\_\_\_\_

Number Dependents Registering with DME Sports Academy: \_\_\_\_\_

Number Dependents in College (include only if they are on scholarship/financial aid): \_\_\_\_\_

Names of Dependents and anticipated grade in which you feel your daughter(s)/son(s) will attend DME Sports Academy?

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**FINANCIAL: For your application to be considered you must indicate Hardship Amount Requested below:**

Do you anticipate a substantial adjustment in gross income for 2016 in comparison to your 2015? (Circle) Yes or No If yes, how much of a decrease or increase (indicate which): \_\_\_\_\_

\$\_\_\_\_\_ **Hardship Amount Requested.**  
(the amount that if not received, your child will not be able to enroll this year.)

**Extenuating Circumstances:** (Select all that apply)

Number of parents working \_\_\_\_\_

- Loss of employment Date: \_\_\_\_\_
- Single parent
- Recent widow/widower within the past year
- Spouse deployed
- Significant medical costs (note from Physician required)

**Your financial aid application will not be considered if you have a daughter/son with an outstanding balance from a prior year or your child quit before completing the season.**

**Confidentiality:** Both parties must keep all financial information confidential. Amounts awarded should not be shared or discussed by parents/students with other parents/students. The information provided on this form will be kept confidential between the applicant and DME Sports Academy.

**Hardship Reason:** Are there any extenuating circumstances that we should be aware of when evaluating the financial aid need of your daughter(s)/son(s) that you would like to share with us? (Attach additional pages if needed)

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**Terms of Financial Aid Agreement:** I understand my financial aid will not cover 100% of the club fees for my daughter(s)/son(s) and that I am responsible for paying the fees and deposit. I agree to make payments monthly for the reduced club fees for my daughter(s)/son(s). I further understand that there may be volunteer responsibilities assigned in accordance with the level of my financial assistance. I further understand I will be asked by DME Sports Academy to seek sponsorship opportunities from outside sponsors to assist in paying my fees. I am aware that any sponsorships I obtain will result in 100% of the value being applied to my fees. I attest that the above information is true and complete to the best of my knowledge.

Print Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Essay Instructions: Each student must complete this page individually and attach it to the Financial Aid Application along with ALL REGISTRATION Paperwork and hand in at the enrollment meeting.**

*Please include the following information in your essay: (1) Tell us about yourself (2) Tell us what attending DME Sports Academy means to you (3) Share with us any future aspirations. In addition, please share any ACADEMIC/SPORTS honors (if any) you have earned in the last 3 years.*

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