



Thunder Volleyball

Scholarship Requirements and Application

In order to receive financial aid (BAC scholarship), you must meet the following criteria:

1. Live in or attend school in the ISD 191 area.
2. Turn in a fully completed and signed BAC Scholarship Application form.
3. Supply a copy of the reduced lunch letter from the school district.
 - a. If your kids take a lunch to school, we need a letter indicating that. If possible, we would like verification from the school district that you do qualify for their program.
4. Provide the minimum financial contribution (100% and 75% Scholarships only) based on the following criteria.
 - a. Team Age Level
 - b. % of scholarship awarded
 - c. See example page for clarification on minimum contributions and how your fee is calculated.
 - d. If you receive a 50 % Scholarship award, your season fee will be reduced by that percentage. No additional funds are due.

In all cases, payments will be spread out over the same 6 month period (Nov, Jan – May).

Please know that your request for a scholarship will be held in the strictest confidence as will the results of your application.



Season Fee Calculation Examples

Assuming a Season Fee of \$1,200.00

100% Scholarship: Minimum Contribution is \$400.00 this is your season fee.

Season Fee Total= \$400.00 over 6 month period (\$66.67 per month)

75% Scholarship: Minimum Contribution is \$275.00 + 25% of remaining balance

\$275.00 min contribution + 25% of balance of remainder \$925 (\$231.50)

Season Fee = \$506.50 over 6 month period (\$84.47 per month)

50% Scholarship: Minimum Contribution is \$600.00

Season Fee = \$600.00 over 6 month period (\$100.00 per month)

APPLICATION FOR SCHOLARSHIP BENEFITS



The BAC requires scholarship applicants to provide documentation from the School District that shows they qualify for Free or Reduced-Price School Meals. No scholarship will be given until this documentation has been turned in to the BAC Office.

All information provided on this application is private & confidential data to be shared only with those agencies that assist in funding of scholarship grants. Scholarship grants include financial assistance for registration fees only, and **DO NOT** include costs associated with fundraising, tournament expenses, and other expenses not included in registration fees.

1) LIST ALL CHILDREN LIVING IN YOUR HOUSEHOLD

***FILL OUT A SEPARATE FORM FOR EACH CHILD REQUESTING A SCHOLARSHIP**

NAMES OF ALL CHILDREN IN HOME	DOB	GRADE	SCHOOL			SCHOLARSHIP REQUEST
						YES/NO
1						
2						
3						
4						
5						
6						
7						

* List only regular income such as SSI and regular earnings from employment. Do not include occasional earnings, babysitting, lawn mowing etc.

2) LIST ALL ADULTS IN THE HOUSEHOLD AND ALL INCOME RECEIVED LAST MONTH

NAME OF ALL ADULTS IN HOUSEHOLD *	GROSS MONTHLY WAGES AND SALARY FROM ALL JOBS (BEFORE DEDUCTIONS) **	PENSION, SSI, RETIREMENT, VETERAN PAYMENTS, SOCIAL SECURITY	UNEMPLOYMENT, WORKERS COMP, STRIKE BENEFITS	PUBLIC ASSISTANCE, CHILD SUPPORT, ALIMONY	SELF EMPLOYMENT OR OTHER MONTHLY INCOME
1)					
2)					
3)					
4)					

* Include all related and unrelated people sharing housing or expenses, except children listed above.

** For wages and salaries, show gross earnings before deductions.

- To determine a monthly amount, multiply a weekly income by 4.3
- To determine a bi-weekly amount, multiply weekly income by 2.15
- To determine a twice per month amount, multiply weekly income by 2
- Divide a yearly income by 12.

3) On page 2 of this packet...CIRCLE TOTAL HOUSEHOLD YEARLY INCOME FROM ALL SOURCES AND TOTAL HOUSEHOLD MEMBERS LISTED ABOVE TO DETERMINE SCHOLARSHIP BENEFIT (PERCENTAGE).

I certify that all information is true and correct. Because Federal & State funds may be paid on the basis of this information, I understand that the Burnsville Athletic Club may verify the information, and that deliberate misrepresentation may subject me to prosecution under applicable laws. Burnsville Athletic Club may require verification of all information at any time during the sport season.

SIGNATURE OF ADULT HOUSEHOLD MEMBER (REQUIRED) _____

SOCIAL SECURITY # _____

PRINTED NAME _____

ADDRESS _____

CITY _____

PHONE _____

SCHOLARSHIP AMOUNT GRANTED _____

SPORT ACTIVITY _____



Use the chart below to determine scholarship benefit

*See line 3 of the previous page for instructions!

HOUSEHOLD MEMBERS					
1	\$0-\$16,500	\$16,501-\$27,500	\$27,501-\$41,700		\$41,701+
2	\$0-\$18,850	\$18,851-\$31,400	\$31,401-\$47,700		\$47,701+
3	\$0-\$21,200	\$21,201-\$35,350	\$35,351-\$53,650		\$53,651+
4	\$0-\$23,550	\$23,551-\$39,250	\$39,251-\$59,600		\$59,601+
5	\$0-\$25,450	\$25,451-\$42,400	\$42,401-\$64,350		\$64,351+
6	\$0-\$27,300	\$27,301-\$45,550	\$45,551-\$69,150		\$69,151+
7	\$0-\$29,200	\$29,201-\$48,650	\$48,651-\$73,900		\$73,901+
8+	\$0-\$31,100	\$31,101-\$51,800	\$51,801-\$78,650		\$78,651+
SCHOLARSHIP	100%	75%	50%		