



# LittleDinks Inc.

## Financial Aid Information & Instructions

Haddon Township,  
Nj. 08107  
727-480-8151

LittleDinksInc.com

\*\*\***Please read and follow instructions**\*\*\*

Initial and sign before filling out the application.

LittleDinks Inc. awards financial aid to families from Camden County, New Jersey, who qualify based on income and family size.

### Initial

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Applicants seeking financial aid must submit a new application with required documentation for each season.

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**What it covers:** Financial aid only covers the cost of registration for each sport. All uniform, equipment or other supplies needed for participation are the responsibility of the player/parent unless otherwise specified.

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**Per player cap:** Players may qualify for financial aid for 1 (one) sport per season, not to exceed 2 (two) sports per year.

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**Deadlines:** Applications for financial aid are due prior to the end of **regular** registration.

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**All approved financial aid recipients will be required to pay a minimum fee of \$35 (per player fee) regardless of financial need.**

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**Sport Registration:** You will register your child in person at the **LDI** office AFTER you have been notified that your application has been approved.

Checklist

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**Required documentation:** All required documentation must be submitted at the same time as the application. We will not accept applications that do not have the proper documentation attached. Required documentation is as follows:

**1. INCOME DOCUMENTATION:** Copy of most current years' tax return (pages 1 & 2 of Tax Form 1040, signature required on the second page).

**2. RESIDENCY DOCUMENTATION:** Copy of most recent utility bill **or** Copy of mortgage statement or rental/lease agreement

☐

**Application:** All information must be complete and legible on the application. Any false or missing information may disqualify the child(ren) for financial assistance.

**I have read and understand the above instructions for applying for financial aid.**

SIGNATURE OF APPLICANT

DATE

LittleDinksInc.com



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[LittleDinksInc.com](http://LittleDinksInc.com)

Please Print Legibly

**STEP1:** Complete the financial aid application and submit with the required documentation to the ASA office by the posted deadline. Incomplete or late applications will not be considered.

☐ **1. INCOME DOCUMENTATION:** Copy of most current years' tax return (pages 1 & 2 of Tax Form 1040, signature required on the second page).

☐ **2. RESIDENCY DOCUMENTATION:** Copy of most recent utility bill **or** Copy of mortgage statement or rental/lease agreement

**STEP 2: If approved,** registration must be made in person at the **LDI** office. All applicants will be required to pay a minimum \$35 fee for registration.

### 1. PRIMARY APPLICANT: The primary applicant is the main provider for the child(ren) seeking assistance.

Your Name: \_\_\_\_\_  
First Middle Initial Last

Social Security Number (optional): \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Message Phone: (\_\_\_\_) \_\_\_\_\_

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

### 2. OTHER ADULTS: Please list all other parents, step-parents, grandparents or guardians who live with the child(ren).

First Name	Last Name	Relationship to Child (Please circle one)			
_____	_____	Parent	Step-Parent	Grandparent	Other
_____	_____	Parent	Step-Parent	Grandparent	Other
_____	_____	Parent	Step-Parent	Grandparent	Other
_____	_____	Parent	Step-Parent	Grandparent	Other

### 3. DEPENDENT CHILD(REN): Please list *all* dependent children living in the primary applicant's home.

First Name	Last Name	Sport	Age	Grade	Sex	Date of Birth
_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	____/____/____
_____	_____	_____	_____	_____	_____	____/____/____

**4. INCOME:** Please list *all* income received from all adults listed in sections 1 and 2 including, but not limited to, income from jobs, social security, child support, alimony and government assistance programs. We require a copy of the most current years' tax return as proof of income.

Name of Person Receiving Money		Employer Name OR Sources of Income	How Much?	How Often? (circle one)	
First	Last		\$ _____	Weekly	Every 2 weeks
First	Last		\$ _____	Twice a month	Monthly
First	Last		\$ _____	Weekly	Every 2 weeks
First	Last		\$ _____	Twice a month	Monthly
First	Last		\$ _____	Weekly	Every 2 weeks
First	Last		\$ _____	Twice a month	Monthly
First	Last		\$ _____	Weekly	Every 2 weeks
First	Last		\$ _____	Twice a month	Monthly

I certify that the aforementioned information is true and complete to the best of my knowledge. I agree to inform LittleDinks Inc. immediately of any changes in income or family size. I understand that false information will disqualify my family for financial assistance.\*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

*LittleDinks Inc. financial aid is a privilege and we reserve the right to ask for additional information.*

**FOR OFFICE USE ONLY**

Approved Percentage: \_\_\_\_\_%

Amount ASA Will Pay \$ \_\_\_\_\_

Amount Applicant Needs To Pay \$ \_\_\_\_\_

Approved By \_\_\_\_\_ Date Approved \_\_\_\_\_