

CHANCE FOR HOOPS FOUNDATION

Application Form

The **Chance for Hoops Foundation** seeks to support families by offering financial aid and resources for youth basketball participation. **We are committed to promoting inclusion and building a stronger, healthier community through sport while empowering young players to reach their full potential on and off court.**

Financial hardship and needs take many forms and is not necessarily restricted to just low-income families. The eligibility and application process will consider varying factors to ensure all eligible families are able to apply and be considered by the committee, based on the criteria and parameters that are set by the PBA.

PERSONAL INFORMATION

Full Name :	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>		
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Parent/s or Guardian/s Name:	<input type="text"/>		
Phone:	<input type="text"/>	Email :	<input type="text"/>

TELL US ABOUT THE APPLICANT

Share a short paragraph about the applicants background, including their love for basketball, challenges they've faced, and how being part of the **Chance for Hoops Foundation** could help them grow on and off the court.

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PREFERRED OPTION:

As part of the **Chance for Hoops Foundation** support program, we are excited to offer a selection of assistance options to help young basketballers excel in their journey. Teachers, coaches, or community members may nominate a player for this support. Please review the options below and tick the preferred item(s) for the nominee:

- | | |
|--|--|
| <input type="checkbox"/> Local Roster | <input type="checkbox"/> Travel Expenses |
| <input type="checkbox"/> TJJJL Financial Support | <input type="checkbox"/> State |
| <input type="checkbox"/> Playing Equipment & Apparel | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hoodie | <input type="checkbox"/> Multiple Children Playing |
| <input type="checkbox"/> Training Reversible | <input type="checkbox"/> Courses |
| <input type="checkbox"/> Shoes | |
| <input type="checkbox"/> Basketball | |

CRITERIA:

- ☐ Service Australia Health Care & Pension Card
- ☐ Family Tax Benefit A
- ☐ Other Circumstances:

CONSENT STATEMENT:

To complete the application for your child, we require your consent to participate in this program. By providing your consent, you acknowledge and agree to the following:

Program Participation: Your child will receive support through the Basketball Hoops Foundation, which may include financial assistance or items such as hoodies, reversible singlets, sandshoes, and basketballs.

Information Use: Any personal or contact information provided in the application will be used solely for the purpose of assessing eligibility and facilitating support.

Commitment to Basketball: This initiative is designed to support junior players actively participating in basketball programs. We encourage your continued involvement and support of your child's basketball journey.

I [Parent/Guardian's Name], acknowledge and understand the information provided above. I consent to my child's participation in the program and agree to commit to a minimum of one roster as required.

Parent/s or Guardian/s Signature

Application
submitted by :

Name:

Phone:

Email:

THANK YOU FOR YOUR APPLICATION