



## Scholarship/Financial Assistance Application

### Athlete Information

**Athlete's First/Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Gender:** M F    **DOB:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Peak Sport you play:** Baseball    Softball    Basketball    Football    Volleyball  
**Age Group/Team Scholarship is for:** \_\_\_\_\_  
**Coach's Name:** \_\_\_\_\_

### Parent/Guardian Information

**Mother's/Primary Parent First & Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Place of employment:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Monthly Income after taxes:** \$ \_\_\_\_\_  
**Marital Status:** Married    Single  
**Spouse's name:** \_\_\_\_\_

**Father's/Secondary Parent First & Last Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Cell #:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Place of employment:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Monthly Income after taxes:** \$ \_\_\_\_\_  
**Marital Status:** Married    Single  
**Spouse's name:** \_\_\_\_\_

### General Information

- How much is the players fee for this team? \$ \_\_\_\_\_
- Is there a deposit/commitment fee? Yes or No. If yes, when is it due? \_\_\_\_\_
- How much of the players fee are you able to pay for? \$ \_\_\_\_\_
- Would it be beneficial for your family if we could put you on a payment plan to help with making the payments of the players fee? \_\_\_\_\_
- Are you willing to do some fundraising to help cover your child's fee's? \_\_\_\_\_
- Additional Information about your child/athlete that you would like to share: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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### **Office use only**

**Board Approval:** \_\_Yes \_\_No    If no, why? \_\_\_\_\_  
**Board member signature:** \_\_\_\_\_ **Position:** \_\_\_\_\_