



Office Use Only	
Date Submitted:	_____
Date Approved:	_____
Amount Granted:	_____
Uniform Granted:	_____
Approved By:	_____

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SCHOLARSHIP REQUEST FORM

WHAT WE NEED:

- ____ **One copy top two sheets of most recent IRS 1040 (REQUIRED)**
- ____ **This form COMPLETELY filled out**

Date: _____ Team Number: _____ Team Name: _____
 Cost of Team: _____ Total Amount Requested: _____
 Cost of Uniform: _____

Player's Name: _____ Birth Date: _____
 Address: _____ City: _____ Zip: _____
 Phone Number: _____

Father's Name: _____ Mother's Name: _____
 Net Income for year last year: _____ Number of people living at home: _____
 (Adjusted Gross Income)

Reason for scholarship request: _____

Scholarship is needed for (check one)

_____ **Full Scholarship** _____ **Partial Scholarship (1/2)** _____ **Uniform Assistance**

Scholarships are awarded on a financial need basis only and will NOT be considered unless documentation is submitted to the Scholarship Committee. Registration is not complete until committee approval. If you have extenuating circumstances, please provide documentation in writing to the scholarship committee.

Player cards will not be released until a scholarship has been granted.

I affirm that the above information is correct.

Signature: _____ **Printed Name:** _____