Application for Scholarship

A separate Registration Form must be completed for each player and must accompany this application. However, you may submit more than one player's name on this Scholarship Application. You must include a copy of each child's Birth Certificate with the Scholarship Application or the Registration Form. All Scholarship recipients ***MUST*** participate in the Seasonal Fundraiser and sell enough to cover the cost of the Registration Fee.

Player #1 Name & Food Stamp Case #: _____ Player D.O.B. _____
Player #2 Name & Food Stamp Case #: _____ Player D.O.B. _____
Player #3 Name & Food Stamp Case #: _____ Player D.O.B. _____
Player #4 Name & Food Stamp Case #: _____ Player D.O.B. _____
Player #5 Name & Food Stamp Case #: _____ Player D.O.B. _____

Mailing Address _____
City, State, Zip _____
Mother/Guardian Name: _____
Father/Guardian Name: _____
Contact Numbers: Home: _____ Mother's Cell: _____ Father's Cell: _____
Mother's Work: _____ Father's Work: _____ Other: _____
Number of people in your household: _____
Expression of need:

_____
_____
_____
_____
_____

Name (List everyone in Household, this Includes children)	Last Month's Income? example: $200 / Weekly (W) or $150 /Monthly (M) or $100 / every other week (2W) or $200 / twice a month (2M)				How often received?
	Earnings from Work before Deductions	Welfare, Child Support, or Alimony	Pensions, Social Security or Retirement	Other Income	Place "X" for NO Income
1.) _____	$_____	$_____	$_____	$_____	_____
2.) _____	$_____	$_____	$_____	$_____	_____
3.) _____	$_____	$_____	$_____	$_____	_____
4.) _____	$_____	$_____	$_____	$_____	_____
5.) _____	$_____	$_____	$_____	$_____	_____
6.) _____	$_____	$_____	$_____	$_____	_____
7.) _____	$_____	$_____	$_____	$_____	_____

Applying for a scholarship does not automatically mean that my child/children will receive the scholarship. I understand that if my child/children should receive a scholarship, that I must participate in a mandatory fundraiser and sell enough items to cover the cost of the registration fees.

_____ _____ _____
Print Name Social Security Number Contact Number

_____ _____
Signature (By signing, you are swearing on oath that all information provided is true and accurate) Date

Items enclosed or attached __ Registration for each child __ Copy of Birth Certificate for each child __ Parent Code of Ethics
__ Copy of last FOUR paycheck stubs for each person earning money __ Social Security Number __ Signed Form