



Office Use Only	
<input type="checkbox"/> Approved	Scholarship awarded: _____%
<input type="checkbox"/> Not Approved	Amount due: \$_____
<input type="checkbox"/> Parent/Guardian Notified	<input type="checkbox"/> Paid in Full

## SCHOLARSHIP APPLICATION

### 1) Check Sport for this Application:

- Youth:**    Youth Basketball    Youth Cheer    Youth Soccer    Youth Football    Martial Arts  
**Adult:**    Men's Basketball    Adult Softball    Men's Golf League    Skeet League  
**Wellness Classes:**    Lite Hearted    Walk Live    ZUMBA

### 2) Participant's Information: (please print and fill out form completely)

Name: \_\_\_\_\_

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

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

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

### 3) Parent/Guardian Information: (if participant is under 18 yrs. of age)

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

Home Phone (if different): \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

