



## SCHOLARSHIP APPLICATION

ATHLETE INFORMATION	
Athlete's Name:	Age: Birthdate:
Address:	
School:	Grade:
Athlete Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
PARENT / GUARDIAN INFORMATION	
Mother / Guardian's Name:	Main Phone #:
Email Address:	Work Phone #:
Father / Guardian's Name:	Main Phone #:
Email Address:	Work Phone #:
Total Household Yearly Income:	Total Number of People in Household:
Do you currently receive state or federal financial assistance?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of assistance receiving?: <input type="checkbox"/> Medicaid <input type="checkbox"/> EBT / Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment	
SCHOLARSHIP INFORMATION	
Sport for Scholarship Requested: <input type="checkbox"/> Baseball / Softball <input type="checkbox"/> Football <input type="checkbox"/> Basketball <input type="checkbox"/> Cheerleading	
Amount of Scholarship Requested: <input type="checkbox"/> Full <input type="checkbox"/> Partial	If Partial, how much can you pay?:      \$

- \_\_\_\_\_ 1. By signing this form, I certify that the information contained in the scholarship application is true and correct to the best of my knowledge.
- \_\_\_\_\_ 2. I understand that if any information provided during the application process is deemed inaccurate, Glasgow Athletics Program may immediately revoke any amount provided and I will repay the full value of the scholarship awarded.
- \_\_\_\_\_ 3. I understand it is my responsibility to ensure my child(ren) attend 90% of all scheduled games and practices.
- \_\_\_\_\_ 4. This application is considered private and will not be shared with anyone other than the scholarship review committee.

\_\_\_\_\_  
Printed Name of Adult Applicant

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Name of Scholarship Athlete

\_\_\_\_\_  
Date