



## Edina Basketball Association Scholarship form

Parent or Guardian name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list all children requiring a scholarship:

NAME	SCHOOL	AGE	GRADE

Amount Applying for: \$ \_\_\_\_\_

Do you qualify for the school lunch program? (please circle)      yes      no

*Should the participant qualify for some grant money, it should be understood that there is no reimbursement commitment. However, should the recipient's financial status improve at a later date and they wish to make a donation to the EBA's Scholarship Fund, the donation would be greatly appreciated.*

I hereby verify that all of the above information is true

\_\_\_\_\_  
Signature

Please fill out the form, sign and return to:  
Edina Park & Recreation Department, Edina City Hall  
4801 W. 50th Street Edina, MN 55424