

# SLAM DUNK CLUB SCHOLARSHIP APPLICATION FORM

**Athlete's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

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

Street City State Zip

Athlete lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Other

Amount of scholarship requested: Full \$ Partial \$

## **PARENT / GUARDIAN INFORMATION:**

Total Household Annual Income: \$ \_\_\_\_\_

Number of dependent children in your household during the last tax year: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father /Guardian Monthly Income (including alimony/child support) \$: \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother/Guardian Monthly Income (including alimony/child support) \$: \_\_\_\_\_

Do you currently receive state or federal financial assistance? ( ) Yes ( ) No If yes, what type? \_\_\_\_\_

If you receive state or federal financial assistance, is this your sole source of income? ( ) Yes ( ) No \_\_\_\_\_

What other sport(s) has your son played at Chatfield? \_\_\_\_\_

What was the cost of that sport(s) played? \_\_\_\_\_

Please indicate supporting documentation being provided:

- ( ) Proof of receipt of state or federal financial assistance
- ( ) Letter from school, social workers, youth community center workers, or other social services representatives.
- ( ) Written Personal Statement of Immediate Financial Hardship
- ( ) Other (explain in detail): \_\_\_\_\_

## CONSENT TO RELEASE INFORMATION & ACKNOWLEDGEMENT

I understand that my signature authorizes the Chatfield Slam Dunk Club to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_