

Raptors Athletics Scholarship Request Form

Parent's Name: _____ Player's Name: _____

Address: _____ Player's Age: _____

City: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

E-Mail Address: _____

To which sport does this request pertain? _____

Did your child play with the Raptors last season? _____ If so, which team? _____

Did your child receive a Scholarship from the Raptors last season? _____

Please describe the circumstances that create the need for Scholarship assistance:

Monthly Income: _____ Monthly Debt: _____

Signature: _____ Date: _____

IMPORTANT:

I understand that the Raptors Athletics are a non-profit organization and that if they approve my request, I agree to the following terms: I agree to volunteer my time to help the club recover its expenses and that I can be asked to work in any one of many different areas. I also understand that my commitment will consist of four (4) hours of volunteer time for every \$ 50.00 that the Raptors Athletics scholarship offers to my child. This volunteer time will be for the club or sport, not directly for my child's team. I understand and agree that this commitment must be fulfilled prior to the next season. If I fail to fulfill my commitment then I will be billed for the entire Scholarship amount and my child/children will not be eligible for future scholarships for the Raptors Athletics.

Signature: _____ Date: _____

REQUIRED: To be considered for a scholarship, please submit a copy of your most recent 1040 form.

Raptors Athletics use only:

Approved by Board: ____ Yes or ____ No Amount of Scholarship _____

Board Member Signature: _____ Date: _____