**Scholarship Application**

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

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

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Program registration fee is $350, plus $100 uniform fee.

Amount I can afford to pay: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Scholarship amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Vermont Elite Basketball program will make every effort to allow every interested player the opportunity to play regardless of their ability to pay. I understand that my child must submit a Scholarship Application if they are not able to pay the full registration fee in order to secure a roster spot.

\*\*\*Fundraising activities will be available to the athlete and minimum selling goals would be set by the president and or Treasurer. These goals are expected to be met! If these goals are not met the athlete will have to meet with the treasurer and coach to determine a plan to get him restored back to the team.

These are **REQUEST** only and will be determined by the league on what is approved or not!

Parent Signature