

Battle Ground Select Basketball Scholarship Request Form 2018-2019 Season

Complete and return this form and the required information to Battle Ground Select Basketball no later than November 2, 2018. A Scholarship committee from Battle Ground Select Basketball will meet and review all Scholarship Request Forms. Each applicant will be notified by November 5, 2018 with a decision on your Scholarship Request Form.

Scholarship Request Eligibility Requirements (Applications will NOT be considered if any requested information is missing.) To be eligible for a FULL and/or PARTIAL Scholarship, you must provide BGSB the following information:

- A copy of a Notice of Approval for Free or Reduced School Lunches
- A detailed written explanation of your financial hardship. (Supporting documents may be requested)
- A written letter from EACH potential scholarship recipient stating "Why Basketball is important to me"

Contact Information: (Please Print) Legal Guardian/			
	First Name:		
Address:			
City:	State:	Zip:	<u>-</u>
Best Contact Phone # :			
Email Address:			
Participant Information: (Please Print)			
Name:	Birth Date:		
Name:	Birth I	Date:	
If your Scholarship request is approved, t	the following terms and	l conditions will apply:	
1. The Scholarship, whether FULL or PARTIAL, is on 2. Parents or Legal Guardian agrees to volunteer at l fundraisers DO NOT count towards the needed volu 3. If you are only approved for a Partial Scholarship, 4. Failure to comply to these terms and conditions v	least 4 hours per scholarship inteer hours. , payment must be received i	o recipient at BGSB fundraisers. In full by December 3, 2018.	
I/We, as the Parents or Legal Guardian of the l the best of my/our knowledge.	Player(s) named above, a	ttest to the truth of the subm	itted information to
Parent/Legal Guardian Signature:		Date:	