



Scholarship Request

Requesting (check one):

_____	FULL SCHOLARSHIP	Agree to provide 1 adult in the concession stand for 6 one hour time slots
_____	PARTIAL SCHOLARSHIP	Agree to provide 1 adult in the concession stand for 3 one hour time slots, pay half of registration fee

Criteria:

- Participant and/or siblings in your household MUST NOT be playing in any “Select” program, regardless of sport.
- You must disclose any other scholarships that your family has received within the past 2 years from ALL LEAYSA Sports.
- Family must demonstrate clear financial need due to an emergency and/or recent financial change.
- Multiple siblings needing scholarships will result in additional hours assigned.
- Times and dates will be assigned by the league and the parent is responsible for being at the assigned date and time. Parent or someone 16 or older can do the duty assigned.
- Most assigned duties will be before child’s game so you can still see your child play.
- Failure to show for assigned duty will result in your child not allowed to play or sit on the bench for that day.
- Continuous absence from assigned duties will result in the revoking of the scholarship. You will have the opportunity to pay the balance of the fees, or your child will be removed from the league.
- If your player or other household dependents did not play other sports, please put N/A in the space indicated.
- Failure to complete all questions regarding financial need may result in a denied application.
- Applications must be typed or CLEARLY printed. Illegible or incomplete scholarships will not be considered
- If you have any questions about the application, please email president@leaysabasketball.com

1.	Player Last Name:	Player First Name:	
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____		
3.	Best Telephone Number: ()		
4.	Player Date of Birth: Month	Day	Year
5.	Age Bracket (circle one): 6U 8U 10U 12U 14U		
6.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Best number(s) to reach parents or legal guardians: _____		
7.	Other sports played within past 2 years for all children in household:	<i>Select or Rec</i>	<i>Scholarship?</i>
	A.		
	B.		
	C.		
	D.		
	E.		
	F.		
8.	Parents Status: Married ____ Separated ____ Divorced ____ Widowed ____ Both Parents working? Y / N Household Annual Income: _____ # of dependent children in household: _____ Needs to include any and all Alimony and/or Child Support/etc/List EACH type separately with amounts.		

Does your family receive assistance such as food stamps, housing assistance, free or reduced meals from school, Medicaid, or other state/federal assistance? Please list each received and attach proof of eligibility:

Does your family have extraordinary expenses related to medical costs, change in household composition, loss of job, etc. Please list each circumstance and related costs:

Is your financial situation the result of a recent event? Please describe:

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that if this scholarship request is approved, according to LEAYSA Basketball Scholarship policy, I agree to fulfill attendance requirements for my child in the concessions stand/ league functions as agreed upon for a full or partial scholarship. I agree to provide requested documentation to support statements of finances. If you do not provide documentation such as pay stubs, tax returns, proof of state or federal assistance, etc, the application will be denied.

Signature of Parent: _____ Date: _____