



All information submitted will be treated as confidential by the RAMMS Executive Committee and the Director of Scholarships. To be considered for a scholarship, you must complete all sections of this form and return it to Mike Elliott, RAMMS Director of Scholarships, at least three days before registration. The form can be e-mailed to mgelliott79@gmail.com.

Player Name(s): _____

Date of Birth: _____ School: _____ Grade: _____

Parent's Name: _____

Cell phone: _____

Email address (please write legibly as you will be contacted via e-mail): _____

Spouse's Name: _____

Has your child previously participated in any RAMMS sports? _____ If so, which ones?

Please circle the sport that your child wishes to participate in (circle only one sport):

Volleyball Girls Basketball Softball

Flag Football Boys Basketball Baseball

Please use the space provided to explain why you are requesting a scholarship for your child.

The registration for the sport your child wishes to play is \$_____.

I am requesting a **full** or **partial** scholarship (**circle one**)

By my signature below, I certify that all of the information I have provided on this form is true and accurate. I understand that providing false or misleading information may result in the forfeiture of any scholarship aid I receive now and in the future.

Signature

Date