



MAHA PLAYER SCHOLARSHIP FUND APPLICATION

CONFIDENTIAL

PLAYER NAME: _____		DOB: _____
ORGANIZATION: _____	AGE CLASSIFICATION: _____	
PERMANENT ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
FATHER'S NAME: _____	E-MAIL: _____	
	CELL PHONE: _____	
MOTHER'S NAME: _____	E-MAIL: _____	
	CELL PHONE: _____	

Please describe your current situation, and elaborate on any particular hardship or problem prompting you to apply for this scholarship (i.e. Unemployment, disability, bankruptcy, child support payments, wage garnishments, tax issues, divorce, death in immediate family, grave illness, etc).

I certify that the information submitted in this application is true and correct to the best of my knowledge.

PARENT SIGNATURE: _____	_____
PRINT NAME	SIGNATURE / DATE
PARENT SIGNATURE: _____	_____
PRINT NAME	SIGNATURE / DATE

Please e-mail completed documents to MAHA Player Scholarship Fund James Cosgrove at jfcoz@msn.com