

Mercer Island Boys Basketball Booster Club

Scholarship Documentation

Player Name:

School Attending:

Student Grade :

Basketball Team:

Coach's Name:

Father/Guardian Name _____ Occupation _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Mother/Guardian Name _____ Occupation _____

Address (if different)

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Please answer the following questions:

1. Have you applied to basketball booster club for scholarship before **Yes** go to #2 / **No** go to #3

2. If Yes then please list the latest year and purpose for scholarship.

Year: _____ Program (select team, tournament travel, IHC, etc): _____

Has your financial need changed since you last applied for financial aid? Yes / No

3. The Boys Basketball Booster Club relies on volunteers and donations to keep the program running and provide the opportunities for scholarships. Please let us know if you are able to volunteer your time for any of the following events/programs that we run.

- Membership Drive (September/October) Yes / No

Mercer Island Boys Basketball Booster Club

- Varsity Home Game Concessions (December – February) Yes / No
- Board position Yes / No
- Misc: _____ Yes/No

By signing my name below I certify, under penalty of perjury, that the foregoing information is true and correct.

Parent/Guardian Signature _____

Date _____