



SCHOLARSHIP APPLICATION

Date: _____

I am applying for a scholarship for Club year: _____

Applicant (Player) Information

Name: _____

Last

First

Middle Initial

Age: _____ Grade: _____ Date of Birth: _____ HS Grad Yr: _____

Number of years in CHVC: _____ Number of siblings in CHVC: _____

Parent/Guardian Information

1) Parent(s)/Guardian Name: _____

Residence Address: _____

City State Zip

Home Telephone # _____ Cell Phone # _____

Single ____ Married ____ Divorced ____ Own ____ Rent ____

Monthly Mortgage Payment _____ Monthly Rent Payment _____

2) Parent(s)/Guardian Name: _____

Residence Address: _____

City State Zip

Home Telephone # _____ Cell Phone # _____

Single ____ Married ____ Divorced ____ Own ____ Rent ____

Monthly Mortgage Payment _____ Monthly Rent Payment _____

Father or Legal Guardian:

Occupation: _____ Annual Income: _____ Other Income: _____

Work Address: _____

Mother or Legal Guardian:

Occupation: _____ Annual Income: _____ Other Income: _____

Work Address: _____

Both Parents and/or Guardian:

Total Net Assets: _____

Reason for applying for scholarship:
(Use reverse side if more room needed)

How much total do you feel you can pay toward Club Fees this season? _____ Do not leave blank

Parent/Guardian Signatures:

Mother / Guardian

Father / Guardian

OFFICE USE ONLY: Scholarship Year _____

_____ Scholarship Approved

_____ Denied

_____ Notification Letter Sent

Amount Awarded \$ _____

_____ Minimum Requirements Met

_____ Did not meet requirements

Administrator's Signature _____

Date _____