

UPWARD Sports Ministry
Scholarship Application

Participant's Name(s): _____

Please mark the appropriate league(s):

_____	Basketball (Boys)	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
	Basketball (Girls)	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
	Cheerleading	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
_____	Basketball (Boys)	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
	Basketball (Girls)	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
	Cheerleading	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
_____	Basketball (Boys)	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
	Basketball (Girls)	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
	Cheerleading	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
_____	Basketball (Boys)	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
	Basketball (Girls)	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___
	Cheerleading	K__1 st /2 nd ___	3 rd /4 th ___	5 th /6 th ___	7 th /8 th ___

Parent's Name(s): _____

Street Address _____ **City** _____ **Zip** _____

Phone: _____

Annual Household Income (please circle one, combining two income families)

Less than \$15,000 (\$15,000-\$25,000) (\$25,000 - \$40,000) (\$40,000 - \$50,000) (\$50,000 - \$60,000)

Scholarships will be dependant on the amount of funds available and the amount of need.

Scholarships may cover only some of the league fee. With that in mind, how much of the \$55 would you be able to pay?

Circle One \$0 \$5 \$10 \$15 \$20 \$25 \$30 \$35 \$40 \$45 \$50

Please help us better understand your situation and need for financial assistance.

(use back if needed)

(Please complete the back of form, signing agreement so your scholarship may be considered.)

We want to ensure that those receiving a scholarship will take full advantage of the opportunity to be a part of the UPWARD SPORTS program. Therefore, upon receiving financial assistance for my child(ren) to take part in this League, I, _____ will do all that is in my power to make sure my child is at EVERY practice and EVERY game and attends the Awards Ceremony. If I am unable to provide transportation, I will personally secure transportation for my son/daughter.

Parent Signature _____ Date ____/____/____

***A low attendance rate by a scholarship participant may negatively affect future opportunities to receive financial assistance.**

(Situation explanation continued from front of form)

Because of the uncertainty of the number of applications that will be received or money available for scholarships; you will be notified around December 1st on the status of your scholarship application.