



SCHOLARSHIP APPLICATION

Assistance reduces the program fee by 50%

This information will be kept strictly confidential

Which Session is this application for? (circle one) Session 1 Session 2 Session 3

Child's Name: _____ Grade: _____

Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Supervisor Name & Phone Number: _____

Gross Monthly Household Income: _____

Please list all members of your household:

Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

Please list all assistance you currently receive: _____

Application Directions: Register your player online, and then mail this completed form to: **HotShots, PO Box 87279, Vancouver WA 98687.**

Be sure to include photocopies of the following items with this application:

- Proof of income (most recent paycheck stubs)
- Proof of dependants (i.e. your last tax return)

The information provided above is correct and true. I give HotShots Youth Sports permission to verify any and all information provided above, for the purpose of discerning eligibility for assistance. I understand that approval is for the current session only.

X _____ **Date** _____