

# Scholarship Assistance Request Form

Date of application: \_\_\_\_\_

Player Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

What is the annual household income? \$ \_\_\_\_\_ Household Size: \_\_\_\_\_

What % of scholarship are you requesting?                      25%                      50%                      75%                      100%

Do you receive or qualify for the Free and Reduced -      YES                      NO

Please explain your request/circumstances:

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The MGSA Board will review your application and determine if you qualify for a scholarship. Please make sure all information is complete and correct. Any personal information that you are required to provide will be kept confidential within the Board of Directors.

## CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes MGSA to obtain verification of all the information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct. I am aware that if I am awarded financial assistance, I am required to participate in at least 1 volunteer opportunity this season. I am aware that approval of assistance is for only one season and if needed I am responsible for reapplying.

Parent /Guardian (Print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent Guardian (Print): \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_

Employer: \_\_\_\_\_