



# Rookie Basketball Association Scholarship Application

Phone: 218-576-6174 Fax: 218-722-9532

215 S 27th Ave W, Duluth, MN 55806



## CONFIDENTIAL

The Rookie Basketball Association (RBA) of The Salvation Army provides registration fee scholarships to children, who without this financial assistance would not be able to participate. The RBA scholarship focuses on providing opportunities for area youth to participate because of the physical, mental, and character-training benefits the program can provide. The Scholarship program is funded by sponsorship from local businesses and individuals.

### QUALIFICATIONS

The more information you can provide us with, the better able we will be to assess need.

1. Youth age 18 and under
2. Live in St. Louis County
3. Be enrolled in school (kindergarten through 12 grade)
4. Commit to attend a minimum of 80% of scheduled practices and games
5. Financial assistance needed, as defined on the application and supported with appropriate documentation. **Verification of total family income is required.** Current documentation for assistance from programs such as: Reduced/Free Lunch, food stamps, Medicaid, SSI, Foster Care, WIC, etc., must be provided before application will be processed.
6. 1 month of current consecutive pay stubs ( 4 weekly, 3 bi-weekly, or 2 bi-monthly paystubs)
7. Application must meet registration deadline requirements.
8. Parents/guardians are responsible for transportation of scholarship athletes to RBA activities and events.
9. Scholarships are non-transferable and have no cash value.
10. Parents/guardians are responsible for any uniforms or equipment required for athlete's participation.

Incomplete or misleading applications will not be processed and may disqualify your player from a scholarship award. Registration fees will be covered partially/fully depending on availability. Award recipients will receive an email to acknowledge scholarship award. The RBA does not discriminate on the basis of race, color, national origin, sex, or disability in its programs and activities. Scholarship applications will be considered on a case-by-case basis. Approval of a scholarship does not register the participant in the activity, player must still be registered with the league. If a scholarship is awarded to an athlete and the athlete quits playing, the athlete will not be eligible to receive another scholarship for 1 year.

**Application Instructions (Complete one application per participant):** Parent/legal guardian complete the questions below **AND** on the reverse side of this form. Include all required supplemental paperwork. Sign and date the application. Return the application with player registration for consideration before the registration deadline.

Amount of scholarship requested (circle one):      Full or Partial      Amount paid with registration \$ \_\_\_\_\_

Athlete lives with (circle one):    both parents      mother      father      other

Has the athlete received an RBA scholarship in the past (circle one)?    No      Yes      If yes, when? \_\_\_\_\_

In your own words, briefly explain why this applicant should be considered for scholarship assistance: \_\_\_\_\_

\_\_\_\_\_

Special Circumstance? \_\_\_\_\_

\_\_\_\_\_

Number of people employed in the household: \_\_\_\_\_

Additional income (check all that apply): CHILD SUPPORT \_\_\_\_\_ MEDICARE \_\_\_\_\_ FOOD STAMPS \_\_\_\_\_ AFDC \_\_\_\_\_

UNEMPLOYMENT \_\_\_\_\_ DISABILITY \_\_\_\_\_ SSI \_\_\_\_\_ OTHER (List) \_\_\_\_\_

**Total Monthly Household Income (GROSS): \$ \_\_\_\_\_ (Proof of all income REQUIRED for application to be processed.)**

**Application continued on next page**

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## ATHLETE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Other sports participation: \_\_\_\_\_

## ADULT INFORMATION

**PRIMARY ADULT** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECOND ADULT** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DEPENDENT HOUSEHOLD MEMBERS

**#1** Last: \_\_\_\_\_ First: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Relationship to Primary Adult: \_\_\_\_\_  
**#2** Last: \_\_\_\_\_ First: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Relationship to Primary Adult: \_\_\_\_\_  
**#3** Last: \_\_\_\_\_ First: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Relationship to Primary Adult: \_\_\_\_\_  
**#4** Last: \_\_\_\_\_ First: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Relationship to Primary Adult: \_\_\_\_\_

I, \_\_\_\_\_, have completed this application on behalf of \_\_\_\_\_. I understand that this application form does not guarantee a scholarship award. I also attest, to the best of my knowledge that the information contained herein is accurate and truthful. I permit the RBA to verify the information on this application as needed.

## Legal Parent/Guardian

## Date

RBA will notify applicants by email. Please do not call The Salvation Army office for information as this information is treated with confidentiality and persons answering phones are not aware of the applicants or the status of approvals.

## Office Use Only

Documentation provided: Pay stubs \_\_\_\_\_ Proof of state or federal assistance \_\_\_\_\_ Financial Hardship Assessed \_\_\_\_\_  
Scholarship Awarded: Full Amount \$ \_\_\_\_\_ Partial Amount \$ \_\_\_\_\_ Confirmation sent: \_\_\_\_\_  
Scholarship Denied: \_\_\_\_\_