



Scholarship Request - Application Form

Date of application: _____

Name of applicant: _____

Address of applicant:

Telephone number: (_____) _____

Age of applicant: _____

School attended _____

Sports Program

Program name (if applicable): _____

Dates of program covered by this grant (MM/DD/YYYY): _____

Financial Assistance Needed:

Reason for request:

Grant request: \$ _____

Is applicant receiving additional funding from another source: If so how much and from whom?

What is the annual household income? \$ _____

Parent/Guardian (Print) _____

Parent/Guardian (signature) _____



Scholarship Request - Application Form (cont.)

If awarded with a grant would you be willing to volunteer in some capacity with the Jason Anderson Foundation? Yes _____ No _____

All players that are applying for this Jason Anderson Foundation grant need to answer the following questions/statements. (Please provide short answers for the follow (3-4 sentences each))* Please attach answers to application*

- 1) How has participating in sport improved your education and life skills?
- 2) Please define what being a part of a team means to you.
- 3) Why do you want to participate in this sports program?

The selection team will review your application and determine your eligibility for financial assistance and will grant awards based on need. 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 of the Jason Anderson Foundation.

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes The Jason Anderson Foundation 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 the information on this form is true and correct. **I understand that my children's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practice and games.** I agree to notify The Factory of any changes in my income. I am aware that assistance funds are awarded for this current basketball program only.

Parent/Guardian (signature) _____