



SEL8NNE

Foundation

Dear Applicant,

Thank you for consideration with respect to the Sel8nne Foundation. We are here to assist in the academic development of student/athletes through youth sports! Scholarship applications will take a minimum of twelve (12) weeks before the Board will make a status decision. If you need a status decision sooner, please note that on your application and/or contact us by email.

Please fill out this student/athlete scholarship application and attach additional supporting pages if necessary. One application per student/athlete must be submitted with a:

1. Copy of current Federal Tax Return (Social Security numbers should be omitted)
2. Scholarship Applicant's GPA (Grade Point Ave) in school for last two years
3. Copy of your current income status (copies of last 3 months paycheck stubs, or proof of self-employment income, unemployment, disability, social security or workman's comp benefits statements)
4. Return envelope for our decision to our address below:

Sel8nne Foundation
22431 Antonio Parkway Suite B160-800
Rancho Santa Margarita, CA 92688

Families submitting for more than student/athlete need to submit only one copy of the requested supporting documents. Please submit a separate application for each student/athlete.

Generally, the Foundation will not follow-up with missing or incomplete student/athlete applications. The Foundation will deem this application to be insufficient or incomplete and no decision will be rendered. It is the sole responsibility of the submitting families to check to make sure all required documentation is submitted correctly for your consideration. The Board of Directors has their own Foundation Guidelines for determining all Scholarship and Grants. Due to the overwhelming number of applicants, unfortunately the Foundation will only contact approved student/athlete scholarship applications.

PLEASE DO NOT SEND DOCUMENTS WITH STAPLES OR WITH SIGNATURE REQUESTED DELIVERIES.

Sincerely,

Sel8nne Foundation
Board of Directors

22431 Antonio Parkway Suite B160-800 Rancho
Santa Margarita, CA 92688 Tele 949.544.3110
www.Sel8nneFoundation.com



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Scholarship Application Form

Date:

Player's name:	Birth Year	Player's Last Year School GPA:
Address:		
City & Zip code:		
Phone number:	Email:	
Current team:	Last Season team:	
Current team (check one) <input type="radio"/> Mite <input type="radio"/> Squirt <input type="radio"/> Pee wee <input type="radio"/> Bantam <input type="radio"/> Midget 16U <input type="radio"/> Midget 18U		

Have you received any scholarship or financial assistance from any other organization? Yes No
If yes, list the organizations have you received aide from:

Father's name:	Occupation:
Mother's name:	Occupation:
Player lives with (check one): <input type="radio"/> Both parents <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Other	
Total children in family:	Other dependents:
Current monthly income*:	*Applicants with annual family income of \$80,000 per year or higher will not be considered without Foundation approval. **Academic requirements are 2.5 minimum grade point ave. unless special circumstances apply which are approved by the Foundation.

State briefly why you need financial assistance (attach additional information if necessary)

Father's signature	Mother's signature

ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL.