



HLWW Youth Basketball, Inc.

SCHOLARSHIP APPLICATION

Athlete(s) First & Last Name

Grade & School

Parent/ Guardian Name

Home Address

City

Zip Code

Telephone (home/ cell/ work)

Email Address

Parent/ Guardian Signature

Date

Explanation for request (from Parent/ Guardian):

- Full Fee \$_____
- Partial Fee \$_____
- Request Payment Plan

For HLWW Youth Basketball Use Only

- Awarded: Amount \$ _____
 - Declined - Reason:
-

HLWW Youth Basketball President

HLWW Youth Basketball Treasurer