



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 - you may approach Barb Schank for a verbal conversation:

Choose One:

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

For HLWW Youth Basketball Use Only

- Awarded: Amount \$_____*
- Declined: Rational -*

HLWW Youth Basketball President

HLWW Youth Basketball Treasurer