

**2022-2023 SCHOLARSHIP ASSISTANCE PROGRAM**

**APPLICATION FORM**

The Sherwood Basketball Organization (SB)) works to provide financial assistance to families in need. The SBO Scholarship Assistance Program focuses on providing opportunities for our area youth to participate in basketball for the physical, mental and character-training benefits that this organization can provide. Full and partial scholarship assistance will be dependent upon SBO funds available and the actual need shown.

**Requirements for eligibility:**

* Commitment to adhere to your coach/team participation rules.
* Participation by a family member to volunteer at all SBO opportunities during the scholarship season.
* Application must be completed by a parent, guardian, or head of household, with **all** requested information provided.
* Incomplete applications will not be considered.

*If your family receives assistance from programs such as SNAP, Medicaid, SSI, Foster Care, WIC, etc., please provide written documentation to receive priority status.*

**Approval process of a registration scholarship does not register the participant for SBO. You will still need to complete all registration documents as well.**

The SBO Scholarship Committee will review your application and determine if you qualify for an award. Please make sure all information is complete and correct. Any personal information that you are required to provide will be kept confidential within the SBO Scholarship Committee. We aim to inform scholarship applicants of our decision by the following week of the tryout your player attends.

**Submit a completed and signed form to** **registrar@sherwoodbasketball.com****.**

**DUE DATES:**

**Girls Classic: October 7, 2022**

**Boys Classic: October 14, 2022**

**Youth Rec: October 29, 2022**

**High School Rec: December 3, 2022**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Date of Application: \_\_\_\_ \_\_\_\_\_\_\_\_\_ Submitter’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_ \_\_ State: \_\_\_\_\_\_\_\_­­­­ \_ Zip Code:

Which program is your player registered in?

Girls Classic \_\_\_ Boys Classic \_\_\_ Youth Rec \_\_\_ High School Rec \_\_\_

Household Size: \_\_\_\_­­­\_\_ How many players are you registering for SBO? \_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_

What is the maximum amount you can pay towards the registration fee? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If applicable, please list any assistance programs your family qualifies for*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_

Please explain your request/circumstances:

 \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

I understand that my signature authorizes SBO to obtain verification of all the information on this application. I certify that all of the information on this form is true and correct. **I understand that my child(ren)’s participation in this program requires a commitment to adhere to the coach/team participation rules.** I agree to notify SBO of any change in my income or ability to pay. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply.

Parent/Guardian’s Name (print): ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_­­ \_\_\_\_\_\_\_

Parent/Guardian’s Signature: ­ ­ Employer:

Parent/Guardian’s Name (print): ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_­­ \_\_\_\_\_\_\_

Parent/Guardian’s Signature: ­ ­ Employer: