



Rocky Rapids Basketball Club

Financial Support Scholarship Application Form

Personal Information

Applicant's Name: _____

Parents Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

Phone Number: _____

Email Address: _____

School Information (If Applicable)

Current School: _____

Grade Level: _____

Required Support

Please indicate the financial support you are applying for:

- Registration Fee \$ _____
- Uniform Deposit \$ _____
- Other Costs (Please Specify): \$ _____
- Total Amount Requested: \$ _____

Agreement and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements may result in denial of financial support or revocation of any granted support.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature (if under 18): _____

Date: _____

Submission Instructions

- Please complete this form and return it to rapidsbball@gmail.com.
- For any questions or further information, please contact rapidsbball@gmail.com

Thank you for applying for the Rocky Rapids Basketball Club Financial Support Scholarship.