



FINANCIAL HARDSHIP SCHOLARSHIP APPLICATION FORM

Player Information

Player name: _____

Home phone: (_____) - _____

Street Address: _____

City: _____, State: _____, Zip: _____

Financial Information

How many adults are supported by your household income? ____ How many children? ____

Circle the total gross income (before taxes) earned by all adults in your household during the last year: (next line)

under \$25,000 \$25,001-35,000 \$35,001-45,000 \$45,001-\$50,000 over \$50,000

Circumstances

Please state the extraordinary circumstances that make it difficult to pay the registration fees and why you are requesting a scholarship. Use an additional piece of paper if necessary.

This request will go to the LSA Adult Program Director for approval and you will be notified as soon as possible as to the status of your request and the amount of scholarship funding available.

"All statements in this application are true to the best of my knowledge."

Signature _____ Date: _____

LSA Use Only

The LSA Adult Program Director has consider this scholarship request and has _____ (approved / denied) the request for \$_____ scholarship dollars.

Adult Program Director Signature _____ Date: _____