

-Office Use Only-
Approved By _____ Date _____

SCHOLARSHIP APPLICATION

-Please Print-

Participant's Name _____ Returning Player (Yes/No) _____

Father's Name _____ Mother's Name _____

Address _____ Zip Code _____

Home Phone _____ Father's Phone (w) _____

Mother's Phone (w) _____ E-Mail Address _____

Age _____ Current Grade _____ School _____

SCHOLARSHIP REQUESTED
-Please Check One-

___ 25% (\$ 31.25) ___ 50% (\$ 62.50) ___ 75% (\$ 93.75)

Program Fees _____ Amount Paid _____ Scholarship Amount _____

Reason for Scholarship Request:

Parent's Signature _____ Date _____

The information on this form will be kept confidential by AWBI to the fullest extent possible.