Financial Assistance Scholarship Application

Player's Last Name _____ First Name _____

Home Address _____ City _____ Zip _____

Home Phone Number _____

E-Mail _____

I qualify for (check one): ☐ Free lunch ☐ Reduced lunch ☐ Other hardship

Below, please explain as thoroughly as possible your request for financial assistance.

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Authorized Parent/Guardian Name (print) _____

Authorized Parent/Guardian Signature_____

Please include supporting documentation of free/reduced lunch programs as well as any other supporting financial information you feel will assist the WBC Board of Directors in its review of your situation and scholarship award. Scholarships in the amount of 50% of the current year's registration fees will be available for eligible players. Should scholarship requests exceed funds available, the Board will allocate funds to those most in need.

Player parents accepting a scholarship award agree to volunteer a minimum of eight hours per player. There are a variety of game-day and nongame-day volunteer opportunities available, as well as fund-raising options.

Return completed application and financial documentation via e-mail or U.S. Mail by Saturday, September 15th, 2019, to:

Wildcat Basketball Club, P.O. Box 930403, Verona, WI 53593

E-Mail: treasurer@wildcatbasketballclub.org