

**Owatonna Basketball Association (OBA)
Youth Scholarship Application Form**

Please complete all information on this application form. Application form must be returned no later than one week after the registration date. The OBA reserves the right to verify all information obtained on this application form.

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

CHILD'S NAME	GRADE

Max scholarship amount is 50%.

Scholarship amount requested _____

Qualification for Scholarship (check one or any that apply)

- a. ___ Recipients of Current Free and Reduced Lunch Program (income level under \$)
- b. ___ Recipients of SSI (Supplemental Security Income) or Social Security Benefits
- c. ___ Recipients of Medical Assistance Program
- d. ___ Other, please explain _____

Show proof of verification of one of the above qualifications

_____ **Date** **Board Member** _____

Acknowledgment of Correct Information:

I acknowledge that the information contained on this application is accurate and correct. I hereby give permission to the OBA to verify this information. I understand that if any information on this application form is found to be incorrect, my privilege of applying for scholarship money is revoked. OBA reserves the right to verify all information contained on this application.

Signature of Applicant

Date

Acknowledgement for Release of Information:

The information requested on the registration form will be used to verify eligibility, and determine staff, facility, and equipment needs. You/your child's name, age, grade level, address, telephone number, and health information will be provided to City Staff, Volunteers, the City Attorney, Insurer and Auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in this program.

Signature of Applicant

Date

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FOR OFFICE USE ONLY (DO NOT COMPLETE)

Date and initials of staff person receiving application: _____
Initials **Date**

Scholarship for \$ _____ has been: **Granted** _____ **Denied** _____

Total Payment due at time of registration _____

Signature OBA President (or Designee) _____