



APPLICATION FOR FINANCIAL AID

MERCER ISLAND BOYS BASKETBALL BOOSTER
CLUB

MIBBBCSCHOLARSHIP@GMAIL.COM

Program Description: MIBBBC offers an assistance program for Mercer Island boys who are in need of financial aid in order to play basketball. Each request is considered on a per season basis. This request may cover registration, uniform and travel fees (if applicable). The amount of aid and number of boys receiving aid is dependent upon available funds and is not guaranteed from year to year.

Confidentiality: All information is for the sole purpose of helping MIBBBC Scholarship committee make grants. Scholarship requests are strictly confidential. Incomplete forms will not be considered and may be returned. Additional information may be requested, including income verification, following review of this application.

Program/Area requesting assistance for _____

Player's Name: _____

Address: _____

City: _____ Zip Code: _____

Player's Date of Birth: _____ Player's Grade at School: _____

Person completing form: _____

Relationship to player: _____ Family size: _____

Home Phone: _____ E-Mail: _____

Other Phone (work/cell): _____

Qualify for free or reduced lunch program: Y / N

Reason for requesting aid (i.e change in family income, change in employment status, medical reasons, etc.):

The Boys Basketball Booster Club relies on volunteers and donations to keep the program running and provide the opportunities for scholarships. Please acknowledge your commitment to fulfill volunteer opportunities. _____ (initial)

MIBBBC SCHOLARSHIP APPLICATION

Financial Aid Requested:

Cost of Program \$ _____

Cost of Uniform/Equipment \$ _____

Cost of Travel (if applicable) \$ _____

Other Costs:

_____ \$ _____

_____ \$ _____

Total: \$ _____

Amount you can Pay: \$ _____

Amount of Aid Requested: \$ _____

I certify that to the best of my knowledge the above information is true and accurate.

Parent Signature: _____ Date: _____

Print Name: _____

PLEASE SEND COMPLETED FORM TO MIBBBCSCHOLARSHIP@GMAIL.COM.

**DO NOT WRITE IN THIS SPACE
FOR SCHOLARSHIP COMMITTEE USE ONLY**

Request decision: **APPROVED / DENIED**

Amount of Request: \$ _____

Amount Approved: \$ _____

Family Contribution: \$ _____

MIBBBC President

Date