

P.O. Box 140454  
Nashville, TN 37214  
(615) 268-6349



## PLAYER SCHOLARSHIP APPLICATION

ALL SPACES MUST BE FILLED IN COMPLETELY AND CORRECTLY or the form will be returned.  
Si no inscribe se completamente y correctamente, la NYSA devolvera la a usted.

### Player Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

### Parent/Guardian Information

**Copies of last 3 pay stubs, last bank statement or a combination of both MUST accompany scholarship form.**

Parent/Guardian Full Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Marital Status \_\_\_\_\_ # of people in household \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Income \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

Monthly utilities \_\_\_\_\_ Monthly car payment \_\_\_\_\_

Second Parent/Guardian Full Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Income \_\_\_\_\_

Reason for Request of Player Scholarship: \_\_\_\_\_

The NYSA Scholarship payment and Volunteer hours scale is as follows:

No Payment	+ 20 Hours
\$21.50	+ 15 Hours
\$42.50	+ 10 Hours
\$63.75	+ 5 Hours
\$85.00	No Scholarship awarded

I, the above listed parent/guardian, am requesting that NYSA provide a scholarship, based on the above and attached information. The information provided above, is to the best of my knowledge true and I grant NYSA the right to verify and all information provided. In addition, I agree to perform volunteer duties listed above as a term of the awarding of the scholarship. I understand that this scholarship award is only for the cost of registration and cannot be requested to cover any other additional fees. I understand that if I do not fulfill my volunteer obligation that my child will not be eligible for future scholarships.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Board Use Only:** Board Approved Scholarship \_\_\_\_\_ Board Denied Scholarship \_\_\_\_\_ Initials \_\_\_\_\_ Date awarded \_\_\_\_\_

Amount awarded \_\_\_\_\_ Volunteer activity \_\_\_\_\_ Activity Completed \_\_\_\_\_