

Upward Basketball Scholarship Application

Date: _____

Name of Parent: _____

Name of Child _____ Age _____
_____ Age _____
_____ Age _____

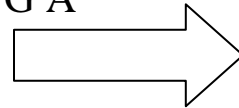
Address: _____

Email: _____

Phone # _____

How much can you afford for each child you wish to enroll?
\$ _____

**PLEASE WRITE YOUR REASON FOR NEEDING A
SCHOLARSHIP ON THE BACK
(Must explain financial hardship to qualify)**



For office use only

Amount of scholarship offered by committee:

Notes on contact with parent:
