

**SILVERDALE PEE WEE ADULT ASSOCIATION
APPLICATION FOR SCHOLARSHIP**

**COMPLETING THIS FORM IS NOT A GUARANTEE OF ELIGIBILITY FOR
SILVERDALE PEEWEE FINANCIAL ASSISTANCE.**

Applications must be turned in 30 days before registration closing date.

Complete, sign and return this application to spwaaregistrar@gmail.com or mail to PO Box 44 Silverdale, WA 98383.

PLAYER INFORMATION

Name of Player _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Sport for which you are applying (select one) FOOTBALL BASKETBALL BASEBALL CHEER

*Note you will have to reapply for every sport season.

Have you been approved for financial assistance in past seasons? (select one) Yes No

Are you current military? (select one) Yes No

Are you applying for: (select one) HALF SCHOLARSHIP FULL SCHOLARSHIP HARDSHIP

PARENT INFORMATION

Name of father/guardian _____ Occupation _____

Place of employment _____

Name of mother/guardian _____ Occupation _____

Place of employment _____

Number of dependent children at home? _____

Do your children receive subsidized school meals? (select one) Yes No

Are you willing to volunteer hours to Silverdale Pee Wee program?

Concession Stand: _____ no. of hours

Custodial: _____ no. of hours

Other: _____ no. of hours

Explanation of circumstances

Signature _____ Date _____

For Official Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Full Scholarship	<input type="checkbox"/> Half Scholarship	<input type="checkbox"/> Military	<input type="checkbox"/> Hardship	<input type="checkbox"/> Denied
Date Received: _____	Reviewed by: _____	Date: _____				
Approved: _____	Date: _____					