



## **Scholarship Application**

Athlete Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

E-mail (athlete & parent): \_\_\_\_\_

Phone (athlete & parent): \_\_\_\_\_

Parent(s) Occupation: \_\_\_\_\_

Athlete's other teams (annually): \_\_\_\_\_

\_\_\_\_\_

Amount requested (\$300 max for TNT Team Fees): \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours/other that parent can contribute (TNT is a volunteer organization. We ask for a minimum of 4 volunteer hours for parents of scholarship recipients): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name