



# WE'RE HERE TO HELP

## Scholarship Application

### APPLICANT INFORMATION

PLEASE PRINT.

- ☐ New Application  
☐ Renewal

Name

First Last  
Mailing Address

City Zip

Home Phone

Cell Phone

Email

If under 18, parent or guardian's legal name(s):

### ALL PERSONS LIVING IN HOUSEHOLD

Place a check mark for each family member applying for assistance.

Name	DOB mm/dd/yy	Adult, Child, or Dependent
<input type="checkbox"/>		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> D
<input type="checkbox"/>		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> D
<input type="checkbox"/>		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> D
<input type="checkbox"/>		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> D
<input type="checkbox"/>		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> D
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<input type="checkbox"/>		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> D
<input type="checkbox"/>		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> D
<input type="checkbox"/>		<input type="radio"/> A <input type="radio"/> C <input type="radio"/> D

### FINANCIAL INFORMATION:

Number of family  
members:

Annual income of,  
or less than:

2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7+	\$77,534

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the HCC immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature

Date

### THIS APPLICATION IS FOR: \*Check all that apply

#### Program:

- |  |  |
|--|--|
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Soccer            |
| <input type="checkbox"/> Camp HCC      | <input type="checkbox"/> Swimming - Summer |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Swimming - Winter |
| <input type="checkbox"/> Indoor Soccer | <input type="checkbox"/> T-Ball            |
| <input type="checkbox"/> Play Day      | <input type="checkbox"/> Track & Field     |

Office Use Only Financial Assistance Award Amount: \_\_\_\_\_ Award Dates from: \_\_\_\_\_ to \_\_\_\_\_

Date received \_\_\_\_\_ Received by \_\_\_\_\_ Date completed \_\_\_\_\_ Approved by \_\_\_\_\_