



WE'RE HERE TO HELP

Scholarship Application

APPLICANT INFORMATION New Application
 Renewal
 PLEASE PRINT.

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
o		o A o C o D
o		o A o C o D
o		o A o C o D
o		o A o C o D
o		o A o C o D
o		o A o C o D
o		o A o C o D
o		o A o C o D
o		o A o C o D
o		o A o C o D

FINANCIAL INFORMATION:

Number of family members:	Annual income of, or less than:
2	\$22,413
3	\$28,237
4	\$34,061
5	\$39,885
6	\$45,709
7+	\$51,533

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"/> Girls Softball	<input type="checkbox"/> Swimming - Winter
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> T-Ball
<input type="checkbox"/> Indoor Soccer	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Play Day	

