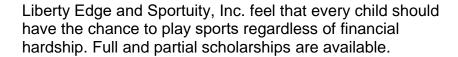
Player Scholarship Application





Please complete, sign and return this form to Sportuity along with all required documentation. Questions should be addressed to Christine Liberty, at give@sportuity.org. P.O. Box 21297, Bradenton, FL 34203.

SCHOLARSHIP ELIGIBILITY REQUIREMENTS

To be eligible for a full or partial scholarship, please provide the following:

- A copy of an approved Free and Reduced Price Schools Meals Application by the local school and
- An explanation of the financial hardship (supporting documents may also be requested)

PARENT/LEGAL GUARDIAN INFORMATION	SCHOLARSHIP AMOUNT
Name:	☐ Uniform: I can pay for the uniform amount of \$195
Phone:	(travel team option only)
E-mail Address:	☐ Half: I can pay 50% of the registration amount
PLAYER(S) INFORMATION	
Name #1:	☐ Full: I will need funding for 100%
Division:	of the registration fee
Name #2:	
Division:	
FINANCIAL HARDSHIP EXPLANATION:	
I/we, as the legal guardian of the players(s) nam above information to the best of my/our knowled	ed above, attest to the truth of the
Parent/Legal Guardian Signature:	Date: