



## 2024-2025 SCHOLARSHIP ASSISTANCE PROGRAM APPLICATION FORM

The Sherwood Basketball Organization (SBO) works to provide financial assistance to families in need. The SBO Scholarship Assistance Program focuses on providing opportunities for our area's youth to participate in basketball for the physical, mental, and character-training benefits that this organization can provide. Full and partial scholarships are available and is dependent upon SBO funds and the actual need shown.

### Requirements for eligibility:

- Commitment to adhere to your coach/team participation rules.
- Participation by a family member to volunteer at one (1) SBO opportunity during the scholarship season (ex. Youth Rec Jamboree, Boys Classic Tournament, and Girls Classic Sherwood Tournament).
- Application must be completed by a parent, guardian, or head of household, with **all** requested information provided.
- Incomplete applications **will not** be considered.

*If your family receives assistance from programs such as SNAP, Medicaid, SSI, Foster Care, WIC, etc., please include that documentation in space provided on page 2.*

**The approval of a scholarship application does not register the participant. Parents/guardians will need to visit [www.sherwoodbasketball.com](http://www.sherwoodbasketball.com) to register their athlete.**

The SBO Scholarship Committee will review your application and determine if you qualify for an award. Please make sure all information is complete and correct. Any personal information that you are required to provide will be kept confidential within the SBO Scholarship Committee. We aim to inform scholarship applicants of our decision no later than the following week of the tryout your player attends.

Submit a completed and signed form to [registrar@sherwoodbasketball.com](mailto:registrar@sherwoodbasketball.com).

**DUE DATES:**

**Please check [www.sherwoodbasketball.com/calendar](http://www.sherwoodbasketball.com/calendar) for the due date for the program this application is for.**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Date of Application: \_\_\_\_\_ Submitter's Name: \_\_\_\_\_

Player's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Which program is your player registered in?

Girls Classic \_\_\_ Boys Classic \_\_\_ Youth Rec (Boys/Girls) \_\_\_ High School Rec \_\_\_

Household Size: \_\_\_\_\_

How many players are you registering for SBO this 2024-25 season? \_\_\_\_\_

What is the maximum amount you can pay towards the registration fee? \_\_\_\_\_

*If applicable, please list any assistance programs your family qualifies for and receives benefits from:*

\_\_\_\_\_

Please explain your request/circumstances:

\_\_\_\_\_

\_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

I understand that my signature authorizes SBO to obtain verification of all the information on this application. I certify that all the information on this form is true and correct. **I understand that my child(ren)'s participation in this program requires a commitment to adhere to the coach/team participation rules.** I agree to notify SBO of any change in my income or ability to pay. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply.

Parent/Guardian's Name (print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Employer: \_\_\_\_\_