

Joy of the Game Foundation Athletic Scholarship

Date: _____

Student Applicant Information

Last Name: _____ First Name: _____ Middle Initial: ____
Age: ____

Address (PO Box/Street): _____ City, State, Zip: _____

Birthdate: _____ School Grade: _____ Social Security Number: _____

Home Number: _____ Cell/Emergency: _____

Guardian Information

Parent/Guardian Father's Name: _____

Age: _____

Occupation: _____ Name of Company: _____

Position Held: _____ Yrs. w/ Company: _____

Parent/Guardian Mother's Name: _____

Birthdate: _____ Social Security Number: _____

Occupation: _____ Name of Company: _____

Position Held: _____ Yrs. w/ Company: _____

Marital status of parents (circle one): Married Divorced

If Divorced, will the non-custodial parent contribute to the applicant's education?
(circle one): Y N

Gross Annual Family Income: _____

Parent/Guardians (circle one): Own Home Rent Home

Family Information

Please list all of the children in the applicant's family:

Name	Age	Grade	School Name	Working (Y/N)	Lives Home (Y/N)

Additional Information

Have you worked part-time during the school year and /or summer? (circle one): Yes No

Have you ever received Financial Assistance from other sources? (circle one): Yes No

If "Yes", please list below:

Source of Financial Aid	Amount of Aid	Renewable: Yes or No?

PLEASE PROVIDE GRADE & TEST INFORMATION WHICH WILL BE CONFIRMED BY YOUR SCHOOL

Grades - GPA: _____

Class Rank: _____

Please complete the following for any SAT's or ACT's if taken:

Dates SAT/ACT Taken: _____

- SAT Score _____
- ACT Score _____

Please attach copy of recent report card

I (we) have reviewed the Joy of the Game athletic scholarship application and have verified that the information provided is correct:

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

