

Charlie Phillips Memorial Scholarship Fund

Financial Assistance Application For: Upward Basketball & Cheerleading 2011

Please print legibly. Fill out a separate form for each child requesting Financial Assistance. *All information will be held in strict confidence with league officials.* It is our goal that every child is given the opportunity to play and not be limited by finances. However, **scholarships are limited** and will be awarded at the discretion of the Upward League officials. Please drop off or mail completed forms to:

Hamilton Church of God
1760 Millville Ave.
Hamilton, Ohio 45013
Attn: Brian Welch

Upward Program: Basketball Cheerleading

Athlete's Name: _____

Athlete's Address:

Street _____

City _____ State _____ ZIP _____

Athlete's Phone Number: _____

Athlete's Current Age: _____ Athlete's Current Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Address:

Street _____

City _____ State _____ ZIP _____

Parent/Guardian Phone Number: _____

Household includes (# of): _____ Adults _____ Children
Children Ages _____

Number of working adults in household: _____ full time _____ part time

Name of Employer: _____

Address: _____ Phone: _____

Name of Employer: _____

Address: _____ Phone: _____

Annual household income: _____

*If unemployed, please list two references not living in your household.

Name _____ Name _____

Phone # _____ Phone # _____

Your ability to help share the cost increases the likelihood of financial assistance being offered. Are you able to provide any of the costs for your child to participate in the Upward League? _____ Yes _____ No

If yes, how much can you contribute to the total cost? _____

If the Upward League is not able to offer your child a scholarship, would you be willing to make payments until registration is paid in full? _____ Yes _____ No

(Registration must be paid in full by December 15, 2010 uniforms cannot be ordered until full payment is made)

Would you be willing to help in the running of this league? _____ Yes _____ No

If yes, in which areas: _____ Basketball Coaching
_____ Cheerlead Coaching
_____ Referee
_____ Team Parent
_____ Set-up/Clean-up

By signing below you are indicating that all the above information is true and complete to the best of your knowledge.

Parent/Guardian Signature _____

Date: _____

League Officials will be in touch with you as soon as a determination is made.

Deadline for Scholarship Applications to be turned in is Monday, November 8, 2010.

Applications received after this date cannot be considered for scholarship monies but payment plans will be accepted.

Office use only:	
Partial Scholarship _____	Full Scholarship _____
Amt. Agreed Upon \$ _____	Amt. Agreed Upon \$ _____
Amount Owed \$ _____	
____ One time payment	
____ Payment Plan	
Payment Plan agreed upon:	
_____ wkly	_____ bi-wkly