



# High Altitude Basketball

## APPLICATION FOR SCHOLARSHIP

Scholarship applications must be submitted prior to the start of the program. All applicable registration fees must be paid at the time of registration and are non-refundable. The Scholarship Committee reviews applications and the applicant will be notified of outcome.

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Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Program Name: \_\_\_\_\_

**Additional Children Participating: (Please list all children for whom you are requesting assistance.)**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Program Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Team \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

MOTHERS WORK # : \_\_\_\_\_ FATHER'S WORK # : \_\_\_\_\_

Total number of Dependent: s \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Please List ways you can volunteer your time this year: \_\_\_\_\_

What volunteer opportunities are of interest to you?

- Assist at Club Tournaments       Fundraising  
 Coaching  
 Team Manager

Would the applicant (youth) be willing to be a volunteer in HAB activities?

Yes  No

Did the applicant receive a scholarship from HAB for the previous year?

Yes  No

If yes, please give dates and details \_\_\_\_\_

If no, did you apply?  Yes  No

Are you currently receiving assistance in any of the following areas? Please check:

Equipment/Uniform

Reduced Fees

Other

Please check current household Income bracket:

\$0-\$50,000 \_\_\_\_\_ \$50,001-\$75,000 \_\_\_\_\_

\$75,001-100,000 \_\_\_\_\_ \$100,001- above \_\_\_\_\_

Why do you feel your child should be awarded financial assistance?

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If you are not approved for financial assistance, will that limit your child from participating this year? Please explain.

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Are there any additional comments or extenuating circumstance? Please explain.

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I hereby certify that all the above information is true and correct to my knowledge, and that I have read and understood the High Altitude Basketball Policy, and that the High Altitude Basketball reserves the right to terminate scholarship funds at any time after Scholarship Committee review.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**Please forward application to:**  
**High Altitude Basketball**  
**PO Box 773836**  
**Steamboat Springs, CO 80477**  
**Phone: 970-875-6775**  
**Email: [habhoops@outlook.com](mailto:habhoops@outlook.com)**

