

## **EMERALD CITY BASKETBALL ACADEMY**

**Office**

**2208 SW 118<sup>th</sup> Ct**

**Burien, WA 98146**

**Websites: [ecbahoops.net](http://ecbahoops.net) – [ecpowerhouse.com](http://ecpowerhouse.com) – [ecnextlevel.com](http://ecnextlevel.com)**

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**Phone: 206-248-9730**

### **SCHOLARSHIP REQUEST FORM FOR EMERALD CITY BASKETBALL ACADEMY**

- **All scholarship requests will be considered throughout the year.**
- **Since scholarship requests generally exceed our budget, it is highly unlikely that we can award any scholarships to everyone.**
- **All requests must be submitted in writing on this Scholarship Request Form, with supporting documentation, and mailed to the above listed address.**
- **Emerald City Basketball Academy only provides scholarship assistance toward the Monthly Training and Partial Team Fees and uniforms.**
- **The club may award partial scholarships.**
- **Under no circumstances will the entire team fee be waived or subsidized by Emerald City Basketball Academy**
- **Scholarship requests and supporting documentation will be held in the strictest confidence and reviewed only by the Scholarship Committee.**
- **We will notify the team director and/or coach only after a scholarship is awarded.**
- **Scholarship applications from ECBA area players (including returning ECBA players) may receive preferential treatment.**

# REQUEST FORM

Player's Name: \_\_\_\_\_ Team Coach: \_\_\_\_\_

Parent or Guardian #1 Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list the dollar amount you are requesting to pay for this player:

**Training \$ \_\_\_\_\_ per month**

**Team Fee:** \_\_\_\_\_ (Most seasons are \$100.00 a month for team fee, Example Fall Season is 3 months, the team fee would be \$300 for fall) Team Fee Consists of the following: Tournament & League Costs, Team Coach Stipend, and Administration costs. IF a team plans to TRAVEL, there is no travel costs calculated in the team fee. ECBA will not pay for any travel costs.

List all current Emerald City players in this family, including the player listed above:

Name: \_\_\_\_\_ Birthdates: \_\_\_\_\_ Coach: \_\_\_\_\_

**Please provide either a copy of the top 2 pages of your family's SIGNED tax return (tax Year 2007) Form 1040 OR proof of eligibility for the Free/Reduced Price school lunch Program. If the tax return is not a joint return please explain and/or document all other Income or support from the 2nd parent, if any (such as child support and/or alimony). ECBA reserves the right to request additional documentation prior to processing the Request.**

**Each request will be considered individually. Scholarship requests submitted *Without* supporting documentation will *NOT* be considered.**

Please recognize that Emerald City Basketball Academy expects those who receive scholarship funds to be especially diligent in participating in both Club and team fundraising activities.

Please explain any extenuating circumstances that may affect deliberations.

I/we, \_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_, do hereby certify under penalty of perjury, that

The information provided by me/us on this application, and all supporting documentation, Is true and correct and accurately portrays our financial need.

I understand that Deliberate misrepresentation may subject me to prosecution under applicable law, and May deprive deserving players of assistance. I/we pledge to inform the club and surrender further financial aid if our need for financial aid is drastically reduced at some point During the seasonal year.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_