



Waseca Basketball Association, Inc.

Scholarship Request Form

Player's Last Name _____ First Name _____

Gender _____ Date of Birth _____ Grade _____

Player's Address _____
(Street) (City) (State) (Zip)

Parent(s)/Legal Guardian(s) Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

1. Please briefly describe the reason(s) you are requesting a scholarship?

2. What portion of the registration do you feel your family can contribute for each child in your family that will be participating?

3. Have you received a WBA scholarship before? If so, which year(s)?

4. Parents combined annual gross income: (Please check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$35-\$50,000 | <input type="checkbox"/> \$75,000 and above |
| <input type="checkbox"/> \$20-\$35,000 | <input type="checkbox"/> \$50-75,000 | |

5. Other siblings and ages:

Parent(s)/Legal Guardian(s) Signature _____ Date _____

Please complete and mail to
Waseca Basketball Association, Inc.
P.O. Box 682
Waseca, MN 56093