

**CONFIDENTIAL**  
**Metro Youth Basketball (YDP)**  
 Scholarship Application

<b>Official Use Only</b>
approval date: _____
Denied date: _____
processed by: _____
awarded amount: \$90

Head of household: Name \_\_\_\_\_

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Phone (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_

Email \_\_\_\_\_

Total household monthly gross income: \$ \_\_\_\_\_

Are you employed?      Yes    No    Employer: \_\_\_\_\_

Is your spouse employed?    Yes    No    Employer: \_\_\_\_\_

Is there another adult household member employed?    Yes    No    Employer: \_\_\_\_\_

**You may qualify for assistance if you meet the following criteria:**

- 1) If you currently participate in one of the following government assistance programs. Please submit a copy of a current award letter. \_\_\_\_\_ TANF \_\_\_\_\_ Beaverton School District Federal Free Lunch Program (approved for free meals, and/or reduced meals)

Please fill in all the information below for each student who will be requesting a Metro Youth Basketball scholarship.

Name	Birthdate	Current BSD school

I certify that all of the information provided on this form is accurate and that all of my income is reported. I understand that this information is being provided to request Merto Youth Basketball Scholarship Program funds and that deliberate misrepresentation of the information may subject me to the loss of funds and prosecution under applicable laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fill out, sign and attach proof documentation and turn into your program coordinator