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| C:\Users\kcragg\Desktop\HCSF Logo\HCSF Logo.jpgParent’s Name: Child’s Name:  Child’s Grade: |
| Street Address: |
| City, State, Zip: |
| Parent’s Home/Cell Phone: |
| Work Phone: |
| Parent’s E-Mail Address: |

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| --- |
| Sport/Organization your child wants to participate in (Sport requested must be allowed as an NCAA Athletic Scholarship ex. Baseball, Field Hockey, Football, Basketball, Cross Country, Track Field, Fencing, Golf, Gymnastics, Ice Hockey Lacrosse, Soccer, Softball, Swimming & Diving, Tennis, Volleyball, Water Polo, Wrestling) ? |

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| Season & Date Sport Begins? Sports Fees Due?  Amount of Funds Requested? |

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| Is your child eligible for free or reduced lunch? |

Why do you feel your child should receive these sports scholarship funds?

**You may use the back of the sheet for additional space.**

**Please attach 1 recommendation, from non-family members of why your child should receive scholarship funds. These may include teachers, coaches, etc.**

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 Signature Date