



CENTER GROVE GIRLS BASKETBALL LEAGUE SCHOLARSHIP FORM

PARENT NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

PLAYER(S) NAME(S): _____

WHY ARE YOU APPLYING FOR A SCHOLARSHIP?

DOES YOUR CHILD OR CHILDREN RECEIVE FREE OR REDUCED LUNCH? _____

HOW MUCH OF THE LEAGUE FEE(S) CAN YOU PAY? _____

PARENT SIGNATURE: _____ DATE: _____