



SCHOLARSHIP APPLICATION

Applicant/Parent Name

Street Address

Email Address

Telephone

| | | |
|-------------------------------|--------------|------------|
| Child #1 _____ <i>Name</i> | _____ | _____ |
| | <i>Grade</i> | <i>Age</i> |
| Child #2 _____ <i>Name</i> | _____ | _____ |
| | <i>Grade</i> | <i>Age</i> |
| Child #3 _____ <i>Name</i> | _____ | _____ |
| | <i>Grade</i> | <i>Age</i> |
| Child #4 _____ <i>Name</i> | _____ | _____ |
| | <i>Grade</i> | <i>Age</i> |

I am requesting a scholarship(s) for my child(ren) to participate in a Calvary Sports program. I feel I can pay \$_____ total toward their registration fees.

Special Considerations:

This application will be processed by the leadership staff of Calvary Sports. I understand that this is not a guarantee of receiving a scholarship from the ministry. I understand that if I previously received a scholarship, there will be signups throughout the season where I can contribute volunteer hours to “repay” the scholarship. ***I understand I would be expected to complete 8 hours of volunteer work for this Calvary Sports program per child.*** Expected hours would be prorated for partial scholarship recipients. This will ensure Calvary Sports is able to provide to all who are interested in participating with an opportunity to train in godliness, compete in an encouraging atmosphere, and receive uniform/equipment. I understand failure to complete my volunteer hours may result in denial of future scholarship requests. First time scholarship recipients are **not** required to complete the volunteer hours but may do so as an option.

Signature

Date

Calvary Sports | 8900 US HWY 19 N, Pinellas Park, FL 33782
Phone: 727-577-7705 | Fax: 727-577-2717
Email: sports@calvarystp.org | Web: www.calvarysports.com