

**Water Polo Scholarship Application**

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| **PLAYER INFORMATION** |
| Players First NameClick here to enter text. | Players Last NameClick here to enter text.  |
| Players AgeClick here to enter text. |
| Street AddressClick here to enter text. | City, State, ZipClick here to enter text. |
| TelephoneClick here to enter text. | E-MailClick here to enter text. |
| **PARENT INFORMATION** |
| Parent/Guardians First NameClick here to enter text. | Parent/Guardians Last NameClick here to enter text. |
| Street Address *(If different than player)*Click here to enter text. | City, State, ZipClick here to enter text. |
| Parent TelephoneClick here to enter text. | Parent E-MailClick here to enter text. |
| **ADDITIONAL INFORMATION** |
| Are you enrolled in the free or reduced lunch program at your school? Yes [ ]  No [ ]  |
| Does the parent/guardian qualify for low income utility discounts? Yes [ ]  No [ ]  |
| Scholarships are based on financial need and determined through the application process. What type of financial assistance are you requesting (monthly dues, tournaments, yearly registration fee, etc.)?Click here to enter text. |

\*Please e-mail completed application to Joann Grande at grandejoann@yahoo.com