



Scholarship Request Form

(Please note that all pertinent information provided will be kept confidential.)

Player Information

Player Name:	Team Assignment (12U, 13U, etc.):
Address:	City, State & Zip:

Parent/Legal Guardian Information

Father's Name:		Father's E-mail Address:	
Father's Work Number:	Father's Cell Number:	Father's Home Number:	
Father's Employer's Address & Number:			
Mother's Name:		Mother's E-mail Address:	
Mother's Work Number:	Mother's Cell Number:	Mother's Home Number:	
Mother's Employer's Address & Number:			
Household Income/Year (Check One Below):		Amount of Scholarship Funding Requested: \$	
\$10,000-\$19,999:	\$30,000-\$34,999:	\$45,000-\$49,999:	
\$20,000-\$24,999:	\$35,000-\$39,999:	\$50,000-\$59,999:	
\$25,000-\$29,999:	\$40,000-\$44,999:	\$50,000 plus:	
Number of Household Members Supported by Parents or Guardian:			List Names & Ages Below:
1.	3.	5.	7.
2.	4.	6.	8.

Please provide us with any special circumstances or financial situations that substantiate your need to obtain available scholarship funding.

Approved _____

Disapproved _____

Date: _____

Robert A. Hicks, President
Tallahassee Comets, Inc.