



DAVID WALLACE SPORTSHIP APPLICATION



Application Due Date: _____

Childs Name: _____ DOB: _____

Address: _____

Parent Name: _____ Phone #: _____

Email Address: _____ Level Playing: _____

Other Children playing in the Association:

Childs Name: _____ DOB: _____ Level Playing: _____

Childs Name: _____ DOB: _____ Level Playing: _____

Childs Name: _____ DOB: _____ Level Playing: _____

Number of family members living in your household: _____ adults _____ children

Special Circumstances:

List and document any special circumstances that contribute to your request for financial assistance and how this may help your family. Please use an additional sheet, if necessary. (Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.)

To be considered for a David Wallace Sportship Scholarship, the following requirements must be met:

- ✓ Completed Application (submitted timely)
- ✓ 2 Consecutive paycheck stubs for ALL adults in the household must be submitted

- ✓ A copy of W2's for ALL working adults in the household
- ✓ 10 hours of volunteer hours must be completed at The Rink for each approved child by _____. A list of volunteer opportunities and an Activity Log are attached. The activity log must be completed and signed each time volunteer hours are completed. Once you have completed the 10 hours, submit it to the scholarship committee (drop box or email to: prwilson58@gmail.com). Due date for the activity log will be _____. If you have questions, contact Penny Wilson @ (269) 420-3097.
- ✓ You will be notified of approval or denial of the scholarship by _____. If your application is approved, your portion of the outstanding bill must be paid IN FULL prior to the scholarship payment being made. Failure to pay your portion of the bill by the GBCIHA due date will result in the scholarship being denied.
- ✓ An interview (in-person or by phone) must be completed

By signing this application, I agree that the information provided is true to the best of my knowledge and agree to the requirements set forth above. I understand that failure to complete any of the above requirements could result in my application being denied.

 Parent/Guardian Print Name Parent/Guardian Signature Date

For Selection Committee Only:

Application was received: _____ Total Fees: \$ _____

Amount Owed: \$ _____

Date Interviewed: _____

Notes From Interview: _____

Received ALL requested Verifications: Yes ____ No ____

Denied: _____ Approved: _____

Approved Amount: \$ _____

Date Submitted to Battle Creek Community Foundation For Payment: _____