



Believing in Students, Athletes and Introducing Christ

Student/Athlete SCHOLARSHIP FUND APPLICATION

(Form must be completed in full and submitted 30 days prior to events or camps)

BASIC has established a Student/Athlete Scholarship Fund, recognizing there are Student/Athletes who would be unable to participate without financial assistance. A limited amount of funds are available each year for participants of BASIC programs, camps and events. A committee of volunteers will review all applications while keeping in mind that families must be good stewards and are encouraged to earn part of their fee(s). As a general rule the committee will award a maximum of 50% of fees for assistance.

The Student/Athlete Assistance Fund application must be completed in full and submitted by the parent or guardian at least 30 days prior to any events or camps. All applications will be given consideration. Approval letters will be mailed to the parents. Allocated funds are *not* transferable. Funds are made available by gifts from community Friends of BASIC donors, corporate sponsors and foundation grants. All Student/Athlete Scholarship Fund information is kept confidential.

PARENT/GUARDIAN'S SECTION: (PLEASE PRINT & COMPLETE THE ENTIRE FORM)

Assistance is requested for the following:

- Football University Day Camp Sessions: 1 2 3 4 5 6 or all (circle sessions that are applicable)
- Football Clinic
- BASIC Training (After-School Program)

Name of Student/Athlete _____: Age____: Grade in fall _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name(s): _____ Phone: _____

Number in household (under 18): _____ Number of children in BASIC Program(s): _____

Single parent family? _____ If Yes, received assistance from BASIC before? _____

If Yes, Amount \$ _____ What program(s)? _____

ANNUAL AMOUNTS:

Household Income: \$ _____ Child Support: Y/N _____ Amount \$ _____

Government Assistance: \$ _____ What type: _____

Other members of household applying for assistance? _____ If yes, list below:

Name(s): _____

Please indicate the reason/need for assistance (*be specific*): _____

Parent/Guardian Signature: _____ Date: ____/____/200__

Parent/Guardian E-mail: _____

Please return the completed application to:

Student/Athlete Scholarship Fund

B.A.S.I.C.

2528 Chamberlain Avenue

Chattanooga, TN. 37404

Office Phone: (423) 624-4500

******* Scholarship COMMITTEE APPROVAL *******

Stamp on date received - _____ Approved or Denied

The Student/Athlete named is approved for \$ _____ a week or one time scholarship

for the _____ Football University ; _____ The Football Clinic ; _____ BASIC Training

Date: ____/____/200__ application approved or denied

Reason Not Approved: _____
