

**Water Polo Scholarship Application**

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| **PLAYER INFORMATION** | |
| Players First Name  Click here to enter text. | Players Last Name Click here to enter text. |
| Players Age  Click here to enter text. | |
| Street Address Click here to enter text. | City, State, Zip  Click here to enter text. |
| Telephone  Click here to enter text. | E-Mail Click here to enter text. |
| **PARENT INFORMATION** | |
| Parent/Guardians First Name Click here to enter text. | Parent/Guardians Last Name Click here to enter text. |
| Street Address *(If different than player)* Click here to enter text. | City, State, Zip Click here to enter text. |
| Parent Telephone  Click here to enter text. | Parent E-Mail Click 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