



HARDSHIP SCHOLARSHIP APPLICATION

Sport: _____

Athlete Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: ____ - _____ (home), ____ - _____ (cell), ____ - _____ (work)

Email Address: _____

Date of Birth: _____ Grade: _____

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

Attachments:

- Written Request from Parent/Guardian, indicating volunteer efforts and fundraisers participated in to date
- Written Request from Student Athlete, indicating commitment shown to their team, i.e. participation in practices and team activities
- Documentation demonstrating an immediate financial hardship (free & reduced lunch from Cafeteria, unemployment check stub, food stamps, federal assistance documentation, etc.)

For CHSABC Use Only

Student Athlete Interview Conducted by: _____ Date: _____

Approved ____ Disapproved ____ Amount, if any, Awarded \$ _____

Reason for Action: _____

CHS ABC President
CHSABC Sport Delegate

Concord High School Athletic Boosters
<http://www.concordhighschool.net/chsathletics/>

TERMS AND CONDITIONS

By signing this form, I certify that the above information is correct to the best of my knowledge. I understand that the Concord High School Athletic Boosters through awarding of a scholarship is not liable for any damage or injury occurring during participation in the sport for which the scholarship money is being used. Each scholarship recipient is responsible for his/her transportation to and from practices and games. You are also responsible for any equipment and uniforms required for participation. Scholarships will not be paid to the individual recipient nor will any money be

- Ø If a scholarship is awarded to a child for a season and the child quits playing the sport, the child will not be eligible to receive another scholarship for 1 year.
 - Ø If a scholarship is awarded to a child for a season, there will be 5 hours of volunteer work for the CHSABC required by the parent/guardian.
 - Ø If a family has more than one child applying for a scholarship, an application must be completed for each child. There will be 5 hours of volunteer work for the CHSABC required by the parent/guardian per scholarship.
 - Ø Each scholarship application will be considered on a case-by-case basis by the CHSABC President, Treasurer and Sport Delegate. The application is considered private and will not be shared with anyone other than those representatives.
- q Commitment to attend a minimum of 90% of scheduled practices and games.

By signing below, I agree to the above conditions. I understand that if the conditions above are not met in any way, my child will not be eligible for another CHSABC scholarship during the calendar year. I understand that my signature authorizes CHSABC to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct.

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

Participants Name: _____

CHSABC does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability, or cultural and religious backgrounds.