

SCHOLARSHIP APPLICATION

Date: _____ I am applying for a scholarship for Club year: _____

Applying for: Travel Team Blenders Program Not sure

Applicant (Player) Information:

Name: _____
Last First Middle Initial

Age: _____ Grade: _____ Date of Birth: _____ HS Grad Yr: _____

Number of years in SBVC: _____ Number of siblings in SBVC: _____

Parent/Guardian Information

1) Parent(s)/Guardian Name: _____

Residence Address: _____

City State Zip

Home Telephone # _____ Cell phone # _____

Single Married Divorced Own Rent

Monthly Mortgage Payment: _____ Monthly Rent Payment _____

2) Parent/Guardian Name: _____


Residence Address: _____

City State Zip

Home Telephone # _____ Cell phone # _____

Single Married Divorced Own Rent

Monthly Mortgage Payment: _____ Monthly Rent Payment _____

 **Please Attach a complete copy of the previous year's Federal Tax Return including all schedules, from both parents/and or signatory.**

Scholarship Requests will not be processed without this.

Father or Legal Guardian:

Occupation: _____ Annual Income: _____ Other Income: _____

Work Address: _____

Mother or Legal Guardian:

Occupation: _____ Annual Income: _____ Other Income: _____

Work Address: _____

Both Parents and/or Guardians:

Total Net Assets: _____

**Reason for applying for scholarship:
(Use reverse side if more room needed)**

Parent/Guardian Signatures:

Mother/Guardian

Father/Guardian

Mail to: ATTN Scholarship Committee, PO Box 30772, Santa Barbara CA 93130

OFFICE USE ONLY:	Scholarship Year _____	<input type="checkbox"/> Travel	<input type="checkbox"/> Blenders
	<input type="checkbox"/> Scholarship Approved	Amount Awarded \$ _____	
	<input type="checkbox"/> Denied	<input type="checkbox"/> Minimum Requirements Met	
	<input type="checkbox"/> Notification Letter Sent	<input type="checkbox"/> Did not meet requirements	
	Administrator's Signature _____	Date _____	