



REGISTRATION SCHOLARSHIP APPLICATION

Athlete Information

Athlete's name: _____ Age: ____ Male/Female: ____ Birthdate: _____

Address: _____

School Athlete Attends: _____

Teacher's Name: _____ School Phone #: _____

Athlete lives with: () Both parents () Mother () Father () Other _____

Amount of Scholarship requested: Full\$ _____ Partial \$ _____

Parent/Guardian Information

Total Household Gross Annual Income: \$ _____

Number of dependent children in your household during the last tax year: _____

Father's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Mother's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Guardian's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Season for scholarship request

() Fall/Winter () Post Season () Spring Clinic () Summer Long course

Has this athlete ever received scholarship from RAC? () Yes () No

If yes: Year _____ Amount \$ _____

Consent to release information

I understand that my signature authorizes RAC 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. I understand that my child's participation requires that he/she commit to attend 75% of the scheduled practices and meets and that a member of our family will provide volunteer service to RAC (nature of service TBD).

Parent/Guardian Signature: _____ Date: _____

RAC President Signature: _____ Date: _____

RAC Treasurer Signature: _____ Date: _____

Note: Individual applications must be completed for each child in a family. Applications must be completed every year scholarship is sought.