

Anderson County Parks & Recreation

2021

Scholarship Request Form

Player Information

Player Name: _____

League Age: _____ Age as of 1/1/21 Date of Birth: _____

Parents Name: _____

Phone: _____

Address: _____

Empoyler: _____

Employer Phone: _____

Marital Status _____ # of Dependents: _____

Please choose your scholarship request amount:

Full Scholarship _____ Partial Scholarship _____

Please briefly explain your current need for a scholarship:

Signature: _____ Date: _____

Fee Paid: \$ _____ Cash _____ Check# _____

Scholarship Approved: Yes _____ No _____

Park Official Authorization: _____