



Buddy Ball Scholarship Application - 2017

Buddy Ball at GC Dream Field believes all children/young adults should have access to sports regardless of their financial situation.

How to Apply: Return the completed application (please print legibly) to Buddy Ball at GC Dream Field via a scanned copy to buddyballgcdreamfield@gmail.com

1. Provide proof of eligibility representing the legal guardian's financial status by submitting one of the following :
 - a. Most recent federal income tax return
 - b. Copy of current Medicaid health card
 - c. A letter from your child's school verifying he/she receives free or reduced school lunches for the current school year

SPORTS LEAGUE/AGE GROUP (e.g. T-ball)		LEAGUE FEE	
PARTICIPANT INFORMATION			
CHILD'S LAST NAME		FIRST NAME	MI
BIRTH DATE (MM/DD/YYYY)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
PARENT/GUARDIAN INFORMATION			
LAST NAME		FIRST NAME	MI
HOME ADDRESS		CITY	STATE ZIP
HOME PHONE		WORK PHONE	
VERIFICATION			
<input type="checkbox"/> Most Recent Federal Income Tax Return <input type="checkbox"/> Medicaid Card <input type="checkbox"/> Letter From School			
<input type="checkbox"/> I certify that the provided verification information is true, complete and current to the best of my knowledge. I agree, if necessary, to send additional information and/or documentation to support the above statements. I understand that financial assistance is based upon need, but this need does not guarantee selection. I further understand scholarships are granted based upon available funding.			
PARENT/GUARDIAN SIGNATURE			DATE