



**SCHOLARSHIP APPLICATION**

To apply for a scholarships please complete this application and submit with documentation, to [Tracy@CrushKickball.com](mailto:Tracy@CrushKickball.com).  
(Information will be kept confidential.)

Players Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Season: \_\_\_\_\_ Division: \_\_\_\_\_

Type of Scholarship: Full \_\_\_\_\_ Partial \_\_\_\_\_

Volunteer Position Interest: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Please provide an explanation of hardship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this document, you agree to have read the information and expectations regarding Crush scholarships.

Signature \_\_\_\_\_ Date \_\_\_\_\_