



OWEGO-APALACHIN BASKETBALL CLUB



Scholarship Application

The Owego-Apalachin Basketball Club will take every step possible to ensure that all players selected to participate in our Basketball Programs have the ability to apply for financial assistance through its scholarship program. Eligibility for scholarships shall be based on proof of participation in their School District's Free and Reduced Price School Meals/Milk Program and one other government assisted program such as Food Stamps or Medicaid. Please fill out this form completely and mail/email to the address below.

I/we would like to apply for a: FULL SCHOLARSHIP PARTIAL SCHOLARSHIP (circle one)

Players's Name: _____

Player's Grade: _____ Scholarship amount requested: \$ _____

Parent/Legal Guardian Name (Please print): _____

Parent/Legal Guardian Signature: _____

Please mail proof of participation in the their School District's Free and Reduced Price School Meals/Milk Program and proof of one government assisted program such as Food Stamps or Medicaid. Please email oabasketballclub@gmail.com with any questions.

Please mail this fully completed form along with 2 forms of proof (above) to:

Owego-Apalachin Basketball Club
PO Box 584
Owego, NY 13827

or email to oabasketballclub@gmail.com