



SKYBALL
P.O. Box 4386
Salem, OR 97302
503-589-9581

Scholarship Request

Player Name: _____

Date: _____

School: _____

Grade: _____

SKYBALL provides scholarships (fee waivers) for students enrolled in the federal Free & Reduced Meals Program. The maximum scholarship is \$40 off the \$85 registration fee. **Each player must pay at least \$45 to participate**, unless a larger scholarship is approved by the Skyball Board of Directors.

I hereby certify that my family is receiving financial assistance through the federal Free & Reduced Meals Program at the school my son/daughter attends. I am requesting a scholarship to participate in the Salem-Keizer Youth Basketball (SKYBALL) Program in the amount of: \$

I understand this information will be kept confidential and that I will be notified if this scholarship request is approved.

Parent/Guardian Signature

Date

SKYBALL OFFICIAL USE ONLY	
Scholarship Amount Approved: \$ _____	<input type="checkbox"/> United Way Grant
SKYBALL Area Coordinator: _____	_____
Signature	Date
SKYBALL Treasurer / Officer: _____	_____
Signature	Date