

Beverly Hills Athletic Alumni Association

BHAAA Assist Joe Sutton Scholarship Fund Application



Date of Application:

Amount Requested

Please **type** or **print** your answers. If application is illegible, it will be returned to you.

1.	Last Name:	First Name:
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Daytime Telephone Number: ()	E-Mail Address
4.	Date of Birth: Month Day Year	
5.	Are you related to any of BHAAA Board of Directors or staff? (Please Check Box) Yes	<input type="checkbox"/> No <input type="checkbox"/>
6.	Graduation Year:	
7.	Sport(s) Played or Athletic Program: Please help us verify your connection to the Athletic Program through a team photo which you can email to julie@bhaaa.org or the name of a teammate or coach that we can contact.	

8.	Please describe the need for financial assistance, including how the requested funds will be used:
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9.	If the requested Scholarship funds are related to medical bills or payments related to a medical condition, please provide brief details:
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10.	<p>If the requested Scholarship funds are related to rent, utilities, or other bills or payments due, please provide brief details.</p> <p>NOTE: BHAAA ASSIST IS NOT LIABLE IN THE EVENT THAT ANY BILL, RENT OR OTHER PAYMENT IS NOT PAID IN A TIMELY MANNER.</p>
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STATEMENT OF ACCURACY

I hereby affirm that all the information provided in this application is complete and accurate, and that there is no other information relevant to this application which has not been disclosed. I agree to provide any further documentation requested by BHAAA Assist to substantiate the information provided herein. Please submit original signature.

Signature of Scholarship Applicant: _____ Date: _____