



Adam Looney Foundation
Scholarship Application

Player Information:

Player's Name: _____

Team/Club player will be playing with: _____

Player's DOB: ____ / ____ / ____

Mother's Name: _____

Mother's Best contact phone#_{____}_____-_____

Mother's Employer _____

Mother's Work #_{____}_____-_____

Mother's Email Address: _____

Father's Name: _____

Father's Best contact phone#_{____}_____-_____

Father's Employer _____

Father's Work #_{____}_____-_____

Father's Email Address: _____

Family Information:

Please list all children playing on a travel/academy team:

_____ Birth Year _____ Girls/Boys

_____ Birth Year _____ Girls/Boys

_____ Birth Year _____ Girls/Boys

_____ Birth Year _____ Girls/Boys

Financial Information:

Annual Family Income:

____ Less than \$50,000 ____ \$50,000--\$75,000 ____ \$75,000--\$100,000 ____ More than \$100,000

Amount Requested: _____ Detailed Description of fees/breakdown of amount requested:

Do you qualify for public assistance? Yes No If yes, please attach documentation.

Have you applied for financial aid before? Yes No

*******Reason for Financial aid request: All applicants MUST state the reason or any circumstances for our financial aid committee. Please write on a separate page.*******

All financial aid requests are confidential and are reviewed by our financial aid committee. Additional information may be needed upon request.

I/We the undersigned hereby apply to the for financial assistance on behalf of our child(ren) who will be committing to play for the above team for the current season. I/We certify that the above information is true and correct to the best of my knowledge. I/We acknowledge that financial opportunities are not guaranteed by the Adam Looney Foundation, but are an effort to assist players with their fees, dependent on the number of applicants and available funds.

Signature of Applicant(s)_____

Date: _____

Please email application to alfoundation@att.net