



SWBA BASKETBALL CAMP GRANT APPLICATION

Name: _____

Date: _____

Address: _____
Street City County Zip Code

Date of birth: _____ email: _____ Phone: () _____

Present school: _____ Grade in school: _____

School you will attend next school year: _____

Basketball league(s) you have participated in: _____

Do you have a part-time job? YES NO Where employed: _____

Have you previously attended a basketball camp? YES NO Camp attended with dates _____

Is financial aid a major factor in order for you to attend a Basketball Camp? YES NO

Do you agree to submit a written report on your camp experience to SWBA within 2 weeks of the end of the camp? YES NO

Why would you like to attend a Basketball Camp? (at least 250 typed words on a separate sheet of paper)

What are your future plans or goals other than basketball?

List your activities and achievements in school and/or the community. (at least 250 typed words on a separate sheet of paper)

What camp are you planning to attend? _____ Cost _____ Camp Date: _____

Camp phone, email or website: _____ Camp Director _____

Parents or Guardians: _____ email /phone _____

Parent/Guardian Approval: _____

If my daughter is awarded a BB Camp Grant I approve of her attendance.

Applicant's Signature: _____

Please include copy of latest grades and

Send by separate mailing:

Two typed written recommendations by (1) applicant's coach, club/recreational leader and (2) a teacher

Submit application by: March 31, 2019 and Mail or Email to:

Kathy Morrissey

2169 Harbour Heights Road

San Diego, Ca 92109

morrissey.kathy@gmail.com