



P.O. Box 52049, Sparks, NV 89435
 (775) 530-5446
 www.jamonit.org

Parents: Complete this form and submit it to Jam On It Basketball Academy. Turn in one application per child, per season.

Jam On It Basketball Academy Scholarship Program FORM

Athlete's Name:	Parent/Guardian Name:
Date of Birth:	Street Address:
Gender:	City/State/Zip:
School Athlete Attends:	Day Time Phone:
Grade and GPA:	E-mail Address:
During which season is your child registered to play?: (circle one) Spring Summer Fall Winter	
Athlete lives with?: (circle one) Both (Father/Mother) Father Mother Other	

Parent/Guardian Information:

Total Household Annual Income: _____

Number of dependent children in your household during the last tax year _____

Number of people in your household total _____

Occupation: Employer Name: _____

Father/Guardian Monthly Income (including alimony/child support)\$: _____

Mother/Guardian Monthly Income (including alimony/child support) \$: _____

Do you currently receive state or federal financial assistance? () Yes () No If yes, what type?

Please indicate supporting documentation being provided:

- () Proof of Income
- () Proof of receipt of state or federal financial assistance
- () Letter from school, social workers, youth community center workers, or other social service representatives
- () Written Personal Statement of Immediate Financial Hardship
- () Other (explain in detail):

Required documentation for each athlete:

- Copy of child's Birth certificate
- Up to date report card
- Up to date AAU card