



**P.O. Box 8383
Rockford, IL 61126**

APPLICATION FOR PLAYER FINANCIAL AID SCHOLARSHIP

APPLICATION DEADLINE JULY 15, 2009

1. General Information.

Player Name: _____

Date of Birth: _____ Phone Number: _____

Street Address: _____

City: _____ Zip: _____

Father's Name: _____ Phone Number: _____

Father's Street Address (if different from above): _____

City: _____ Zip: _____

Mother's Name: _____ Phone Number: _____

Mother's Street Address (if different from above): _____

City: _____ Zip: _____

Number of siblings or other dependents: _____

2. Income Verification

Provide us with the following documentation:

- Most recent federal tax return (joint return or father and mother's return if filed separately).
- Most recent pay check stubs
- Any other documentation you believe will assist the committee in its decision

3. Employment.

Employer (Father): _____ Phone Number: _____

Employer (Mother): _____ Phone Number: _____

