



**Team Wyoming**  
**SCHOLARSHIP REQUEST 2025/2026**  
Confidential Financial Assistance Application

Player's Name:	
Age & Team Division:	
Home Association:	
# of siblings on Team WY 24/25:	
Parent/Guardian Name:	
Email:	
Phone: Work Phone:	
Occupation:	
Employer:	
Annual Family Income: \$	

Number of Dependents	
<p>Please state below the circumstances surrounding your request for scholarship assistance from Team Wyoming. In addition, please comment on which support activities (i.e. volunteering, participating in team fundraising) you have participated in and/or plan to participate in to help defray costs.</p>	
<p>Please note Team Wyoming's initial commitment fee of \$500 must be paid before the scholarship is applied to your account.  <b>I Certify that the above is true and complete to the best of my knowledge.</b>  <b>X</b></p>	

Please ensure that all fields indicated on this form must be filled out in order to submit your scholarship request.

Please email your application to: [tamlantz@wyoming.com](mailto:tamlantz@wyoming.com)