MAHA PLAYER SCHOLARSHIP FUND APPLICATION

CONFIDENTIAL

PLAYER NAME: _____ **DOB:** _____

ORGANIZATION: _____ **AGE CLASSIFICATION:** _____

PERMANENT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

FATHER'S NAME: _____ **E-MAIL:** _____

CELL PHONE: _____

MOTHER'S NAME: _____ **E-MAIL:** _____

CELL PHONE: _____

Please describe your current situation, and elaborate on any particular hardship or problem prompting you to apply for this scholarship (i.e. Unemployment, disability, bankruptcy, child support payments, wage garnishments, tax issues, divorce, death in immediate family, grave illness, etc).

_____

_____

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_____

I certify that the information submitted in this application is true and correct to the best of my knowledge.

PARENT SIGNATURE: _____ _____

PRINT NAME **SIGNATURE / DATE**

PARENT SIGNATURE: _____ _____

PRINT NAME **SIGNATURE / DATE**

Please e-mail completed documents to MAHA Player Scholarship Fund James Cosgrove at jfcoz@msn.com