

# **La Crosse Central Basketball Association Scholarship Application**

**Purpose** -To allow every youth planning on attending Central High School, age 18 and under, the opportunity to participate in the La Crosse Central Basketball Association regardless of household financial conditions.

**Who Qualifies?** - Any La Crosse resident youth aged 18 and under who meets the family income guidelines set by the School District of La Crosse and whose parent/guardian submits the Youth Athletic Scholarship Application along with proper documentation.

## **Scholarship Requirements**

- Families are required to participate in all program fundraisers.
- Parents/guardians are expected to participate in volunteer activities to help offset the cost of this scholarship.
- Individuals are required to attend a minimum of 80% of scheduled practices and games. Failure to meet attendance requirements and/or overdue payments may result in the loss of scholarship for your household.
- Foster children will automatically qualify with appropriate documentation.

## **Application Process**

1. Complete the Youth Athletic Scholarship Application Form, which must be signed by a parent/guardian.
2. The LCBA Board will contact you in writing within two weeks with the results of your application.
3. Scholarship application approval will be based on verification of financial need and availability of scholarship funds.

**Confidentiality** - The LCBA will use the information on the application only to decide if your child qualifies to receive a partial scholarship for eligible athletic activities. Confidentiality will be maintained at all times. Applicants are guaranteed that personal finances will not be discussed outside of the department management. Coaches, instructors or program leaders will not be informed of a participant's financial or scholarship status.

# La Crosse Central Basketball Association Youth Athletic Scholarship Application Form

**Please Return To:** LCBA, % Todd Fergot, 1801 Losey Blvd, La Crosse WI 54601  
Or [lcbariverhawks@gmail.com](mailto:lcbariverhawks@gmail.com)

To be completed by Parent or Guardian - ***please print neatly or type.***

Complete ALL of the following information and attach required documents, as incomplete forms will delay processing. A separate form is required for each child. Completing a scholarship application **does not** register a child for a program.

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

First Middle Last

Street Address Apt. # City State Zip Code

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Parent/Guardian Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child qualify for Free or Reduced Lunch per School District of La Crosse Guidelines: Yes\_\_\_\_\_ No\_\_\_\_\_

If your child does not qualify for Free or Reduced Lunch and you are requesting a scholarship, please add additional information that will assist the LCBA Board in assessing your request:

[illegible]