

## **Wellington Travel Basketball Association Scholarship Program**

### **Who is eligible?**

The WTBA Scholarship Program is open to all active WTBA players, regardless of age, or grade on an annual basis.

### **What is the program?**

The program allows for the player registration fee, owed to the WTBA, to be partially paid once the player has been accepted onto a team. The determination for granting a scholarship and determination of the amount of the scholarship will be based on the parent application information, the player's letter of request, financial need determined **and funds available.**

### **How do I apply?**

If you are interested in applying for a scholarship(s) you must complete the WTBA Scholarship Application form and provide verification of household income **by Monday November 12, 2018.** Items required for proof of financial need are listed below and are required for **every** immediate family member in the household. Immediate family members include only parents or legal guardians. This does not include grandparents, grandchildren, cousins, aunts, uncles, etc...

### **Checklist of what I will need to turn in**

- Most recent paystub for each employed adult residing in the household
- 2018 Federal Income Tax Return
- DSS Form (Department of Social Services), SSI Form or Social Security Statement if applicable
- If anyone in the household is unemployed, they must sign the Unemployment Statement

### **What will be expected if granted a scholarship?**

This program is made possible, thanks to the generous donations and fundraising efforts by the organization. If your player is granted a scholarship you agree to the following:

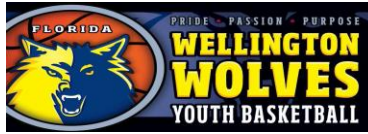
- Have your child hand write a personal Thank You letter to our program;
- Allow WTBA to provide updates to the foundation, including a group picture of all of the scholarship awardees;
- Volunteer a minimum 15 hours and participate/volunteer in all WTBA fundraising events.

### **When is the completed packet due?**

**Completed Application and supporting documentation is due by Monday November 12, 2018.**

### **How do I get more information and who do I turn my package in to?**

Please contact Alisa Sineway at 561-329-8636 with any questions and **to coordinate turning in your completed package.**



## Wellington Travel Basketball Association, Inc. Scholarship Application

Athlete First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Coach: \_\_\_\_\_

List below all **immediate family members** in your household below. Immediate family members include only parents, legal guardians and children. This does not include grandparents, grandchildren, cousins, aunts, uncles, etc.

NAME	BIRTH DATE (MO/YR)	NAME	BIRTHDATE (MO/YR)

**TOTAL FAMILY INCOME BEFORE DEDUCTIONS** (includes wages of all working family members, welfare payments, pension, social security, scholarships and regular contributions not living in household). **You MUST include documentation for all household income** (Example: Income Tax Returns, W2 Forms, DSS Form, SSI Form, Social Security or Unemployment Annual Statements.)

Please list sources of income, if any, from the following, if they apply:

Source of Income	Monthly Income	Source of Income	Monthly Income
Your Employment	\$	Social Security	\$
Other Family Employment	\$	Welfare Payments	\$
Unemployment	\$	Pension	\$
Family Independence Agency	\$	Other (Explain Source)	\$
Child Support / Friend of the Courts	\$	<b>Total Monthly Income</b>	\$

By signing below, I give permission to authorize the WTBA to contact employers, social agencies, etc. to verify information on this application. I also understand that deliberate misrepresentation of information subjects the athlete to being disqualified for scholarship consideration. I also understand that my child is required to provide a handwritten letter requesting a scholarship and why they deserve it. Furthermore, I understand that, should my child receive a scholarship, he/she must write a 'Thank You' letter to the scholarship sponsors (companies.) Finally, I understand that I must support and volunteer for a minimum of 15 hours of services for any WTBA fundraising event(s).

\_\_\_\_\_  
Parent/Guardian of Scholarship Applicant - **Print and Sign** \_\_\_\_\_ Date

\_\_\_\_\_  
Parent/Guardian of Scholarship Applicant - **Print and Sign** \_\_\_\_\_ Date



Wellington Travel Basketball Association, Inc. (WTBA)

**UNEMPLOYMENT STATEMENT**

I, \_\_\_\_\_ (your name), Parent/Guardian of  
\_\_\_\_\_ (player name),

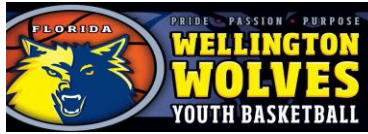
**do hereby acknowledge that I am presently unemployed and am requesting financial assistance for member(s) of my household to participate in the Wellington Wolves Travel Basketball Association Program. Without a scholarship to reduce the registrations fees, my athlete would not be able to participate in the program.**

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Parent/Guardian Signature

Date

Grade of Player: \_\_\_\_\_ Coach Name : \_\_\_\_\_



**Wellington Travel Basketball Association, Inc. 2018 – 2019 Season  
Scholarship Application Sliding Fee Schedule**

***For Wellington Wolves Board of Directors Use Only***

Athlete Name/Playing Grade \_\_\_\_\_

Number of members in household \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Yearly Gross Income	Federal Guideline
2	16,240
3	20,420
4	24,600
5	28,780
6 or more	32,960

Annual Income	2 Member HHL D	3 Member HHL D	4 Member HHL D	5 Member HHL D	6+ Member HHL D
\$0 - \$16,240	75%	75%	75%	75%	75%
\$16,241 - \$20,420	50%	75%	75%	75%	75%
\$20,421 - \$24,600	50%	50%	75%	75%	75%
\$24,601 - \$28,870	25%	50%	75%	75%	75%
\$28,871 - \$32,960	25%	25%	50%	75%	75%

\*\* Source: This table is based upon Standard Federal Income Guidelines

***Percentages may vary depending on availability of scholarship funds.***

DISCOUNT % Awarded \_\_\_\_\_

Comments:

\_\_\_\_\_  
Director Signature/Date

\_\_\_\_\_  
Director Signature/Date