



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 Tuesday, November 19, 2019 for grade school or by Wednesday, February 19, 2020 for high school.** 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.

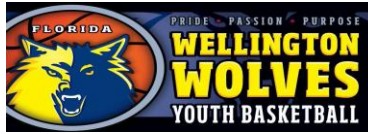
When is the completed packet due?

Completed Application and supporting documentation is due

- **by Tuesday, November 19 for grade school**
- **by Wednesday, February 19, 2020 for high school**

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	\$	Total Monthly Income	\$

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

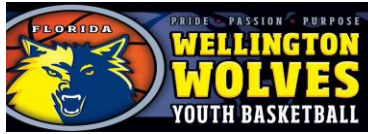
I, _____ (your name), Parent/Guardian of
_____ (player name),

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.

Parent/Guardian Signature

Date

Grade of Player: _____ Coach Name : _____



**Wellington Travel Basketball Association, Inc. 2019 – 2020 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