



Player Name: _____ High School Graduation Year: _____

Please select the program below which you are requesting aid for:

Team Name (i.e., Texas Outlaws U14): _____

Season (i.e., Fall/Summer): _____

Summer Camp: _____

Travel (which expenses?): _____

Family Information

Guardian 1 Name: _____ Relationship: _____

Guardian 1 Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Guardian 2 Name: _____ Relationship: _____

Guardian 2 Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Financial Information

Total Household Income: _____

Estimated Program Cost: _____

Are you willing to volunteer your time? Please Specify:

Application for Scholarship
and Financial Aid

Additional Information you



would like us to know?:

Player Responses

1. What does being an "Outlaw" mean to you?

2. How do sports impact your life?

Please email 2018 Tax Return (black out SS#) and the completed application to:
coachjo@texasplayhard.com