



# PLAY RUGBY ACADEMY SCHOLARSHIP APPLICATION

Student Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

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

Signature: \_\_\_\_\_

*Partial scholarships are awarded based on demonstrated financial need. All information on this application will be treated confidentially.*

Amount of scholarship requested: \$ \_\_\_\_\_

## Statement of Financial Need

**Part A.** Please list below all parents/guardians who are responsible for care of the student and indicate the employment status of each:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Employer & Position: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Employer & Position: \_\_\_\_\_

**Part B.** Number of siblings in the family, including applicant: \_\_\_\_\_

Applications must be accompanied by the following in order to be considered:

- Page 1 from the previous year's IRS Form 1040 (Individual Tax Return) for all guardians/parents listed in Section A.
- One type written page from the student explaining why he/she wishes to be considered for a scholarship.