



TIGER SPORTS ACADEMY

Scholarship Assistance Application

Application Information

Name: _____
 Address: _____
 City: _____
 State: _____
 Phone: _____
 Email: _____

If an applicant is under 18 parent's or legal guardian's name:

All Persons Living In This Household

Place a check mark for each family member applying for scholarship assistance

Adult _____	D.O.B. _____
Adult _____	D.O.B. _____
Child _____	D.O.B. _____
Child _____	D.O.B. _____
Child _____	D.O.B. _____
Child _____	D.O.B. _____
Other _____	D.O.B. _____

I Am Applying For:

Place a check mark for the type of scholarship you are applying for

Seasonal College Membership- (June, July, & August)	_____
Annual Family Membership- 12 months	_____
Annual Single Membership- 12 months	_____
Family Membership- 6 months	_____
Single Membership- 6 months	_____



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To Qualify for Scholarship Assistance, Provide the Following Documents:

Scholarship assistance applicants must provide the following financial verification:

- Last two (2) paycheck stubs from all income producing adult household members

Other income verification options can include:

- Most recent 1040 income tax return (Not W-2 forms)
- Government Assistance- Notice of Decision (with names of eligible person(s) and total income including food stamps
- Social Security Disability- Letter from Social Security Office or Notice of Decision stating monthly benefits amount. This often needs to be accompanied by
- Government Assistance Income as applicable
- Unemployed- Notification of Eligible Benefits from Unemployment Office. Federal tax return will still be needed, as unemployment is taxable income.
- Full-Time College Student- Letter from Registrar's Office indicating a current full-time student status. A school schedule is NOT adequate documentation.

Scholarship guidelines awarded based on 300% of the (FPL) for a single individual or a family.

- Please note any special circumstances/hardships also related that create a need for scholarship support.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my child(ren) must cancel our participation, I will contact the Tiger Sports Academy immediately so scholarship assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for scholarship assistance now and/or in the future.

_____ (Initial) I understand that after 6 or 12 months I will need to reapply for scholarship assistance at which time fees are subject to change. If the scholarship is not renewed this scholarship will be terminated and the automatic bank withdraw will end.

Signature _____
Date _____