

CHAMPION

SCHOLARSHIP PROGRAM

APPLICATION

Athlete _____ Position _____ Today's Date \ \ Birthday
_____ \ \ _____

Address _____ City _____ St _____ Zip _____

Parent(s)/Guardian's Name _____ Email _____

Home Phone: _____ Cell Phone: _____

Age _____ Grade _____ School _____ Current GPA _____

What amount of financial assistance will you need to attend Champion Training?

What is family's combined gross income for the previous year?

What is your reason for requesting a scholarship/financial aid to join Champion?
