



**Mississippi Rush  
P. O. Box 1214  
Madison, MS 39130  
MS RUSH SCHOLARSHIP APPLICATION**

**(This application is for players playing on a Madison, Rankin or merged teams. Players playing in the Jackson division should fill out the application titled Mississippi Rush Jackson)**

**Mississippi Rush is pleased to offer a scholarship program for players who need financial assistance. Scholarship funds are limited and based on financial need. The following application will have to be completed along with documentation (W-2, payroll stub, etc.) that you feel will help the review board determine eligibility. Please make sure all areas are completed legibly and the application is signed.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Year Team: \_\_\_\_\_ Boy or Girl Coach: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Please list any other children playing with Rush on a competitive team:

Name: \_\_\_\_\_ Birth Year Team: \_\_\_\_\_ Boy or Girl

Name: \_\_\_\_\_ Birth Year Team: \_\_\_\_\_ Boy or Girl

How much assistance towards Mississippi Rush participation fees are you requesting? \$ \_\_\_\_\_

**(Scholarship is available for participation fees only up to \$890 based on financial situation) All fees above and beyond the \$890 is the responsibility of the family.**

Please state your reason(s) for requesting financial aid: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Income (Please include BOTH parent's incomes):**

Mother: \$\_\_\_\_\_ Father: \$\_\_\_\_\_

(Please attach documentation to support. **No application will be considered without proper documentation for BOTH parent's**)

Other Income: \$\_\_\_\_\_ (public assistance, alimony, child support, social security, etc.)

**If your request is granted, you WILL BE asked to donate labor hours to Mississippi Rush to assist us in funding this program. Labor hours will be based on amount of scholarship granted. Please indicate below which area(s) you would prefer to be assigned:**

\_\_\_\_\_Tournaments \_\_\_\_\_Field/Equipment Maintenance \_\_\_\_\_Other

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

**MUST BE POSTMARKED BY JULY 20 EACH SEASONAL YEAR**

Send to:  
Mississippi Rush  
PO Box 1214  
Madison, MS 39130

**CONFIDENTIAL**

**APPLICATION FOR REVIEW BY COMMITTEE MEMBERS ONLY**