



## BBFC Scholarship Application Form

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

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

Team/Age Group: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Does the player receive free/reduced lunch? \_\_\_\_\_

Is anyone in your household receiving government assistance? (e.g., SNAP, TANF)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Briefly describe your need for financial assistance and how this scholarship will help your athlete participate in BBFC: \_\_\_\_\_

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

bogue@boguebanksfc.com

252-432-6861

Tax ID: 99-2396708



## Confidential Income Worksheet

Please list total monthly household income:

<u>Income Source</u>	<u>Monthly Amount</u>
Employment Income	\$ _____
Child Support/Alimony	\$ _____
Social Security/Disability	\$ _____
SNAP or Assistance	\$ _____
Other Income (explain)	\$ _____

Total Monthly Income: \$ \_\_\_\_\_

Number of people in household: \_\_\_\_\_

Please attach recent proof of income documentation.

### Terms & Conditions

By signing below, I acknowledge:

- All information provided is true and accurate.
- I understand that scholarship awards may be partial.
- I will support my athlete's commitment to BBFC, including attendance, effort, and good sportsmanship.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature (if age 12+): \_\_\_\_\_ Date: \_\_\_\_\_