



TOF Scholarship Application

Player Name _____
 Last Name _____ First Name _____ Initial _____
 Parent /Guardian: _____
 Phones: _____
 Home _____ Work _____ Mobile _____
 Address _____
 City _____ Zip _____
 Email Address _____

Marital Status Married Divorced Widowed Separated
 Number of Dependent Children _____ How much can you afford to pay? _____

Employment Information
 Are you currently employed? _____ Spouse employed? _____
 Employer _____ Employer Name _____
 Position _____ Position _____
 Time at Company _____ Time at Company _____
 Monthly Gross Income \$ _____ Spouse's Income \$ _____

Is the child currently receiving the school district's:
 Reduced Lunch Program (Y/N)? _____ Free Lunch Program (Y/N)? _____
 List unusual financial obligation: _____

I, the parent/guardian of the registrant, attest that all the information provided above is true and accurate (this form must be submitted or mailed with the TOF Registration Form).

Parent/Guardian Signature _____ Date _____

If the child is receiving the Free Lunch Program, TOF will approve a 50% Scholarship.
 If the child is receiving the Reduced Lunch Program, TOF will approve a 25% Scholarship.

For Office Use Only -----
 Documents used to verify need? _____
 Other comments: _____

Amount Approved For (dollar amount)? _____ Approved By: _____ Reviewed By: _____