

SCHOLARSHIP QUALIFICATION FORM

(to be completed by PARENT/GUARDIAN and YOUTH APPLICANT)

MAIL Qualification Form to: PO BOX 2438, CHARLOTTESVILLE, VA 22902 (Attn.VABA Scholarship Committee)

Please check one.

- I have qualified and been accepted into the VABA Scholarship Program WITHIN THE LAST 12 MONTHS.
- I have qualified and/or been accepted, but my 12-month qualification status has expired.
- This is the first time I have applied for a Scholarship to the VABA Scholarship Program.
- I have previously applied for but did not qualify or was NOT accepted into the VABA Scholarship Program.



STEP 1: PERSONAL/FAMILY INFORMATION				DATE	
FIRST NAME (Applicant)		LAST NAME (Applicant)		BIRTHDATE	
STREET ADDRESS			CITY		STATE ZIP
HOME PHONE		CELL PHONE		WORK PHONE	
PARENT E-MAIL (very important)			PARENT/GUARDIAN FULL NAME		
PARENT/GUARDIAN FULL NAME			NAME OF SCHOOL ATTENDING		

STEP 2: VABA PROGRAM INTEREST

*Please indicate the VABA programs that would interest you/your child.

The following VABA programs would be of interest to my son/daughter (check the appropriate boxes below):

Winter basketball league Skills Academies Summer camps Private Instruction AAU basketball

If there is a specific program you are interested in, please indicate it here: _____

STEP 3: STUDENT-ATHLETE COMMITMENT PLEDGE (completed by youth applicant)

*In order to be considered for a scholarship, the applicant must read statements carefully, check boxes if understood and agreed upon, and sign the pledge below. *By signing this pledge you understand that failing to fulfill any or all pledge requirements may result in being removed from the program and/or not being considered for future scholarship opportunities with the Virginia Basketball Academy.*

*If you agree, please check the boxes below and sign at the bottom. PLEASE READ STATEMENTS CAREFULLY and answer honestly.

- I promise to be on time and present to all teaching programs and sessions.
- I promise to follow ALL rules and expectations as outlined by VABA director, staff and coaches.
- I promise to work hard, have a positive attitude and listen to my coaches.
- I understand that my school work (academics) and behavior (conduct) are important, and that I must maintain satisfactory status in both to participate in a VABA program (school and/or agency officials may work with parents & VABA staff in communicating progress).

I understand that participating in VABA programs requires commitment and dedication. I understand my responsibilities as agreed upon above and pledge to uphold and fulfill these to the fullest. I have no potential conflicts during the program dates and, barring any unforeseen injuries or physical ailments, if accepted, I pledge to complete VABA programs and all scheduled sessions.

Signature of Applicant X _____ **Date** _____

SCHOLARSHIP QUALIFICATION FORM (P.2)

(to be completed by PARENT/GUARDIAN and YOUTH APPLICANT)

MAIL Qualification Form to: PO BOX 2438, CHARLOTTESVILLE, VA 22902 (Attn. VABA Scholarship Committee)

STEP 4: ADDITIONAL FORMS IF APPLICANT FINANCIALLY QUALIFIES (GRADES 3 – 12 ONLY)

After turning in this two-page qualification form, provided an applicant qualifies for financial aid, he/she will be **required to turn in the following forms**. If interested in applying to a specific program, the applicant will be required to pay the program balance of payment not covered by the scholarship. By completing these steps, he/she will be "ACCEPTED" for a 12-month period into the VABA Scholarship Program.

Please check the boxes listed below to indicate your intention to complete these steps to achieve "accepted"

- STUDENT-ATHLETE QUESTIONNAIRE
- REFERENCE QUESTIONNAIRE (parent/guardian)
- REFERENCE QUESTIONNAIRE (two non-family members)

**If accepted, these forms are considered valid indefinitely and do not need to be resubmitted at any time, unless the applicant presents any academic and/or behavior concerns.*

STEP 5: FINANCIAL STATUS (HOUSEHOLD INCOME & SIZE)

ANNUAL HOUSEHOLD INCOME	HOUSEHOLD SIZE (total # of household occupants)

- Yes, I have attached an official, government document (city/county Social Services, Medicaid, SNAP, TANF, etc.) verifying financial status and need for scholarship consideration.**

STEP 6: FAMILY FINANCIAL PARTNERSHIP

*In order to be considered for a scholarship, the parent/guardian must indicate financial need based on household income and size. The parent/guardian must also agree to pay any program balance not covered by VABA scholarship.

- Based on my household income/size, I estimate that our family can afford the following amount, annually, for VABA programs.
 - \$50.00 \$100.00 \$150.00 \$200.00 Other amount: _____

It is important that applicants indicate their estimated household budget for their child to participate in VABA programs. This will not affect the VABA Scholarship Committee's decision regarding scholarship qualification, but it is important for all families to understand there may be some financial responsibility on their part after the VABA Scholarship Committee's review and communication of qualification status.

- I understand that I will be expected to pay any program balance/fee not covered by a VABA scholarship if I seek to be accepted and registered to participate in a specific VABA program.

STEP 7: PARENT/GUARDIAN CONSENT

*Please check the boxes below and sign at the bottom. PLEASE READ STATEMENTS CAREFULLY and answer honestly.

- I understand that I am responsible for providing/organizing/coordinating transportation to and from teaching program, and will make sure my son/daughter is dropped off and picked up in a timely manner.
- I grant VABA permission to communicate with school and/or agency officials regarding my child's academic and behavior status, and I understand that my child's performance in these areas could affect his scholarship status.
- I understand that my child's adherence to VABA's expectations could affect his scholarship status.
- I have reviewed all information enclosed and verify its accuracy. (Check box if you agree.)

I understand that participating in a VABA program requires a level of commitment and dedication. I understand the responsibilities and commitments agreed upon by my son/daughter and promise to assist and support in him/her upholding and fulfilling these to the fullest. There are no potential conflicts during the dates of the basketball program and, barring any unforeseen injuries or physical ailments, my son/daughter will be present and on time for all scheduled sessions/practices.

Signature of Parent/Guardian **X** _____ Date _____