



SCHOLARSHIP REQUEST FORM

Player's Name: _____ Date of Birth: _____

Age Division: _____ Team Name: _____

Address, City, State, Zip: _____

Parent's Name(s): _____

Phone Number: _____

Email Address: _____

Please fill in the section below indicating the amounts due and the amount you can contribute. The difference between the figures is the Scholarship Amount Requested.

	Registration Fee*	Fundraiser Fee**	Player Total
Amount Due	_____	\$60	_____
Amount I Can Contribute	_____	_____	_____

Total Scholarship Amount Requested: _____
(*"Amount Due" less the "Amount I Can Contribute"*)

**See attached for registration fee amounts.*

***The Fundraiser Fee is in the form of raffle tickets. Each ticket is worth \$1. You may sell the raffle tickets to recoup the money or keep the tickets for yourself. You will only receive tickets worth the amount you contribute towards the Fundraiser Fee. (Ex. If you contribute \$60, you will receive 60 tickets.)*

Please return this form to RCJOUSARegistrar@gmail.com. All scholarship requests will be reviewed by the RCJOUA Board. A Board Member will contact you with the scholarship amount awarded.

Thank you!

(For Board Use Only)

Scholarship Amount Approved: _____ Date Approved: _____

Approved by: _____

Notes: _____

REGISTRATION FEES: (Playing Age is the age on January 1, 2020)

Division	Registration Fundraiser		Player
	Fee	Fee*	Total
6 & under	\$50	\$60	\$110
8 & under	\$50	\$60	\$110
10 & under	\$75	\$60	\$135
12 & under	\$100	\$60	\$160
14 & under	\$100	\$60	\$160
16 & under	\$100	\$60	\$160
18 & under	\$100	\$60	\$160