

MVP BASKETBALL CAMP

SCHOLARSHIP AWARD APPLICATION

WE ALSO REQUIRE A COMPLETED ENROLLMENT APPLICATION FORM AND A LETTER OF RECOMMENDATION FOR THE CAMPER BEFORE WE CAN APPROVE A SCHOLARSHIP AWARD

MAIL TO P.O. BOX 655 CROTON FALLS, NY 10519 - OR FAX TO (914) 380-6745

Name of Camper _____ **Age** _____
Address _____
City & State _____ **ZIP Code** _____
Telephone _____ **Email** _____
School _____

CAMPER STATEMENT

Why would you like to attend MVP Basketball Camp?

MVP scholarship awards go to children who make an effort to do their best in the classroom as well as on the basketball court. Please provide us with a brief letter of recommendation from a teacher, coach, or counselor to let us know that you making an effort in your school. This letter can be mailed with this application, or can be emailed or faxed directly to MVP by the person recommending the applicant. **FAX (914) 380-6745, EMAIL nmuyskens@mvpbasketballcamp.org**

Name of person providing recommendation _____

PARENT/GUARDIAN STATEMENT

WITH WHOM DOES THE APPLICANT LIVE? (Please check all that apply)

Mother **Father** **Siblings(s)** **How many?** _____
 Other(s) Please list _____

Father's Occupation _____ **Annual Income \$** _____

Father's Employer _____

Mother's Occupation _____ **Annual Income \$** _____

Mother's Employer _____

Annual Income of All Other Adults in Household \$ _____

Are there any special circumstances about your family's financial situation?

Permission is granted to disclose that my child is an MVP scholarship recipient. I swear that all the information provided is true, accurate and complete. I agree to provide proof of income, such as income tax forms, if requested by MVP Basketball Camp.

Parent/Guardian Signature _____ **Date** _____

www.mvpbasketballcamp.org