



Scholarship Form for Financial Assistance

PLEASE NOTE:

Receipts will need to be provided to document that funds granted to individuals/organizations were used for the purpose for which they were granted.

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Work Email: _____

APPLICANT STATUS:

Sportable Member () Non-Member ()

Youth () Adult ()

Program /Team you are participating in: _____

Event you are requesting funding for: _____

Date(s) of Event: _____ Total Funds Requested: _____

Funding for:

LODGING:

Date	Lodging Site	\$ Per Day
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

TRANSPORTATION:

Airport

Departure Date	Location	Carrier	Flight	Return Date
_____	_____	_____	_____	_____

Rental Car

Pick up Date

Company

Location

Return Date

Reason for Request:

Have you requested funds from any other source for this event? Yes () No ()

If Yes, from whom or what organization? _____

Signature of Applicant: _____

Application is to be returned to:

SPORTABLE
Attn: Kristen Lessig, CTRS
1365 Overbrook Road, Room 2
Richmond, VA 23220

Date Received _____

Person Receiving Request _____

Funding Approved for \$ _____

Verification/Receipts Received _____

Additional Comments or Information: