



2019 Scholarship Application

Sportable is committed to serving individuals with a physical or visual disability regardless of their ability to pay. Scholarship application information will be kept *confidential*.

Last Name	First Name	(MI)	Phone Number	Disability/Diagnosis
Address		City	State	Zip

I request scholarship assistance for: (please check one)

- Membership** **Amateur \$180 Annually** (3 sports programs per year)
- Pro \$300 Annually** (unlimited sports programs per year)

Race/Event Registration Assistance

Name of Race/Event: _____

Date & Location: _____

Total Cost of Registration: _____ Amount of Assistance Requested: _____

Event Travel Assistance

Name of Race/Event: _____

Date & Location: _____

Airfare Rental Car (circle one) Estimated Cost: _____

Hotel Name: _____ Price per Night: _____ # Nights: _____

Total Estimated Costs: _____ Amount of Assistance Requested: _____

Have you requested assistance from any other source? **Yes** **No**

If Yes, from whom or what organization? _____

(You must complete this section in order to be considered for scholarship assistance)		
Do you receive SSI/Medicaid?	yes	no
Do you/your children receive FREE or ASSISTED school lunches?	yes	no
Do you receive food stamps?	yes	no
Annual gross household income from all sources	Total \$	_____
How many members (including yourself) are in your household?		_____
Are you or your spouse employed?	_____ yes _____ no	Employer _____
Name of Spouse	_____	Job Title _____

Please provide both of the following documents: Copy of most recent tax return Form 1040 and a copy of your most recent paycheck stub and/or SSI check stub.

Scholarships are limited and are based on financial need. Overall income with determine the percentage of scholarship awarded. Scholarship recipients must be active participants in Sportable programs a minimum of 2 times per month. If an athlete is accepted into the Sportable scholarship program, he/she will be a Sportable ambassador and is expected to participate in Sportable outreach efforts throughout the course of their membership. Sportable reserves the right to cancel a scholarship if not actively participating in program or outreach efforts. **All assistance will be granted for 12 months. You will need to re-apply each new calendar year.**

Date of Request: _____ Signature: _____
(Parent or Guardian if under 18 years of age)

Send application to info@sportable.org OR Sportable Scholarship Committee - 1365 Overbrook Road, Suite 2 - Richmond, VA 23220

OFFICE ONLY Date Received _____ By: _____ Funding Approved: _____

Additional Notes/Comments: _____