

Financial Aid Application

The STAGS Basketball Foundation works very hard to make a positive impact on our communities by providing opportunities to the children with financial needs to attend a STAGS Basketball program. Our intention is to encourage and support children interested in advancing their basketball skills and life-skills instructions.

Financial Aid will be awarded to few deserving applicants, subject to the amount of funds available for this purpose.

Each grant will cover the full registration only. Uniforms are responsibility of the applicant.

Financial Aid is limited to members of STAGS Basketball Club.

Financial Aid must be used by end of current basketball season.

Recipient's names will be posted on <u>www.stagsbasketball.com</u> and will be notified via email.

Award of the Financial Aid will not be made to the same individuals two consecutive years.

Please complete application below and mail it to:

Milton Stags Basketball 1083 Hatton Crossing Milton, ON L9T 5P6



Financial Aid Application

Summer Cam		Course Dava servera	
Summer Camp		Spring Program	
Fall and Wint	· House League	Rep Program	
Child's Name:			
	(First)	(Last)	(M.I)
Iome Address: _	(Street Address)	(Town/City)	(Postal Code)
Iome Tel:		Date of Birth:	· · · ·
			Month/Date/Year)
Email Address: _			
Parent/Guardian	Name:		
	(Last)	(First)	(M.I)
hone Number		School Name:	
To be completed by	parent/guardian.		
An abild k b	nember of Milton Stags Bas	kathall Club since:	
viy child has been m			
Please provide the sc	-	nvolvement in basketball; include	
Please provide the sc competitions, and to	cope of your son/daughter is	nvolvement in basketball; include has participated:	
Please provide the so competitions, and to Fitles or awards that	cope of your son/daughter is urnaments in which he/she	nvolvement in basketball; include has participated:	

Signature of parent/guardian: _____ Date: _____