



Athlete's Direction

ASSISTANCE APPLICATION

Return completed application to Athletesdirection@gmail.com

APPLICANT INFORMATION

Name:		Date:
Gender:	E-mail:	Phone:
Current Address:		
City:	State:	ZIP Code:
Date of Birth:		

PARENT OR GUARDIAN

Name:		
Current Address:		Phone:
City:	State:	ZIP Code:
Occupation:		
Employer:		
Employer Address:		
City:	State:	ZIP Code:

SPORT INFORMATION

Sports/Activities:	School/Org. Name
Coach's Name:	Coach's Phone:
Sports/Activities:	School/Org. Name
Coach's Name:	Coach's Phone:

APPLICATION QUESTIONS

Please answer the following questions. Attach additional pages as needed.

1. What are your athletic goals?

2. What type of assistance do you need from Athlete's Direction (training, competition fees, etc.)?

3. Provide any details that would help Athlete's Direction understand why you deserve a scholarship?

REFERENCES

PLEASE PROVIDE ONE REFERENCE FROM YOUR SCHOOL/ UNIVERSITY

Name:	Title:	Phone:
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PLEASE PROVIDE TWO NON-RELATIVE/ NON-COACH REFERENCES

Name:	Phone:
Name:	Phone:

If you are chosen as a scholarship recipient Athlete's Direction may use your name/ likeness in our media publications