Wilsonville Basketball Association
Financial Assistance Application

The Wilsonville Basketball Association has funding available for participants who are in need of partial financial assistance. In order to apply for partial financial assistance, this application must be completed a returned via e-mail to:

Wilsonville Basketball Association
Roberto Flores, President
WBAPresident@Yahoo.com

Please complete one form for each financial assistance request.

Parent/Guardian Name: _____
Address: _____
Phone Number: _____
Player Name: _____
Age/Grade Level: _____
Gender: _____

For my Player: I will pay $_____ (no less than 50% of the Cost). I am requesting that the WBA assist for the remainder of the balance with scholarship funding.

I understand that if I fail to timely pay my portion of the fee, my child will forfeit his/her spot on the team.

Did your player play for a Club team over the last 12 months (Any sport applies)?
_____

Total Fee (Clinic/Select/Rec/Camp) $_____
Minus Your Payment -$_____
= Total Requested Scholarship =$_____

Please provide a brief description as to why financial assistance is being requested:
_____
_____
_____
_____
_____
_____
_____
_____

Parent/Guardian Signature: _____ Date: _____