

Ebo Strong Athletic Scholarship Application

The Ebo Strong Foundation offers financial assistance for student athletes who participate in the Team Virtua hockey programs. Because these funds are limited, we ask that you only apply if these funds are truly needed. This scholarship is intended to assist families who demonstrate a financial need, and we encourage those who fall in this category to apply.

To receive an Ebo Strong Scholarship, the applicant **MUST** either hold a fundraiser or volunteer a minimum of 10 hours at a pediatric cancer organization of their choice during the summer 2018.

Scholarship decisions will be based primarily upon financial need, with some consideration also given to student performance and community service.

Please be assured that all information provided, will be kept in the strictest confidence by The Ebo Strong Foundation, Inc.

Mail the following to The Ebo Strong Foundation, Inc. at the address below:

1. All pages of this application, filled out as accurately as you can.
2. A one page essay about your anticipated involvement in pediatric cancer fundraising and/or volunteering. Explain your anticipated participation in a pediatric cancer program. Please include a statement about your experience and how you will continue to raise awareness for pediatric cancer.
3. A copy of the first page of each of your parents/guardians' 1040 Tax Form from 2016 & 2017
4. A copy of the last 3 pay stubs from both parents. (Forms will be shredded.)

If you have any questions or concerns regarding this application, please contact Gini Eberling at (856)498-6631 or gini@ebostrong.org

Applications should be received by April 30, 2018.

The Ebo Strong Foundation, Inc.
42 Rolling Glen Court
Mount Laurel, NJ 08054

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BASIC INFORMATION:

Name:

Address:

Phone #:

Cell Phone:

Email:

Date of Birth:

School:

Grade:

GPA:

*Please attach a school certified transcript/report card

Please list community service based activities:

Please list any other extra-curricular activities outside of hockey:

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Please attach three letters of recommendation:

- o Teacher
- o Hockey Coach
- o Another adult that is a non-relative, that could speak to the character of the applicant

FINANCIAL INFORMATION:

Father's Name:

Father's Occupation:

Mother's Name:

Mother's Occupation:

Number of dependent children in household:

Number of children attending college:

Please explain any additional factors which you feel The Ebo Strong Foundation, Inc. should be aware of in order to help us make a decision regarding your request (i.e. any temporary financial difficulties, family expenses, major illnesses, etc.). Please feel free to add an additional page:

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Please acknowledge that any funding provided will be to directly offset the participation fee required to play for the Team Virtua Youth Hockey Club, and can NOT be utilized to pay for any of the following –

- USA Hockey registration fees
- Any and all travel expenses incurred while playing hockey
- Hockey equipment

PARENTS AUTHORIZATION AND CONSENT FOR DISCLOSURE OF FINANCIAL RECORDS AND INFORMATION:

*I _____ and _____ parents or legal guardians of _____, authorize the disclosure of financial records to the **EBO Strong Foundation, Inc.** for the purpose of determining eligibility for a financial scholarship based on financial need. The financial records being disclosed include tax records and employment wage information and I agree to permit these financial records to be reviewed by members of the Board of Directors of EBO Strong Foundation and release the Board from any and all liability related thereto.*

SIGNATURE OF PARENTS or LEGAL GUARDIANS DATE

Ebo Strong Scholarship Committee Use Only:

Date application Package Received: _____/_____/_____

Received by: _____

Application Package Complete: YES NO

Missing Information: _____

Notes: _____

Date Reviewed: _____/_____/_____

Approved: YES NO

Scholarship % or Amount Granted: _____

Date Parent Notified: _____/_____/_____