

STAGS BASKETBALL CLUB
Milton, Ontario



Scholarship Application

Child's Name: _____
(Last) (First) (M.I)

Home Address: _____
(Street Address) (Town/City) (Postal Code)

Home Tel: _____ **Date of Birth:** _____
(Month/Date/Year)

Email Address: _____

Parent/Guardian Name: _____
(Last) (First) (M.I)

Phone Number _____ **School Name:** _____

To be completed by parent/guardian.

My child has been member of STAGS Basketball Club since: _____

Please provide the scope of your son/daughter involvement in basketball; include names of house league, competitions, and tournaments in which he/she has participated:

Titles or awards has your son/daughter won.

List any personal best achieved by your son/daughter in school and basketball.

I hereby certify that all above information is correct.

Signature of parent/guardian: _____ **Date:** _____

- Mail completed application form to address noted below on or before December 31, 2008. Scholarship recipient will be posted on STAGS official website after January 15, 2009.

Mailing Address:

1083 Hatton Crossing
Milton, ON L9T 5P6

www.stagsbasketball.com