



**Application Must be Complete in Order to be Reviewed**

Athlete's Name \_\_\_\_\_ M / F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School Athlete Attends \_\_\_\_\_ Grade \_\_\_\_\_

Sport \_\_\_\_\_ Season \_\_\_\_\_ Registration Fee \_\_\_\_\_

Sports Organization & Location and Name of Contact Person & Contact Person's email address (if known):

Parent/Guardian Name(s) \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address (please print) \_\_\_\_\_

Does your family qualify for free or reduced lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your family receive food stamps, Medicaid, SSI, or other government assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your family experienced a sudden family hardship? Y / N If yes, please explain \_\_\_\_\_

Has the applicant received a H.A.S. Foundation, Inc. scholarship previously? Y / N If yes, when? \_\_\_\_\_

Is anyone else at this address applying? Y / N If yes, who? \_\_\_\_\_

Is the applicant applying for other sports scholarships? Y / N If yes, please explain \_\_\_\_\_

Please briefly explain your reason(s) for applying for a scholarship from H.A.S. Foundation, Inc. Include any information relevant to the household financial situation such as family hardship, income, government benefits or employment status. Use back side if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This application will not be complete without a reference letter sent directly to us from a third party who is aware of your household financial situation.** Eligible third-party references include: clergy, school counselor, employer, coach, school classroom teacher, etc. We will not accept letters from family members or friends; it must be a member of the community and the relationship must be stated in the letter. **Please note, this letter is not a character reference for the child, but rather it provides us with information that determines need as we are not at this time requesting official documentation (tax returns, pay stubs, etc.).**

H.A.S. Foundation, Inc. may share information with organizations as necessary to coordinate payment. Checks will be made payable to the sports organization on behalf of the athlete. Participant's portion of the registration fee must be made prior to any payment from H.A.S. Foundation, Inc.

I certify that I have read the guidelines and that the information provided on this application is true and correct. I understand that this application does not guarantee availability of funds or a scholarship award. In addition, I commit to have my child attend a minimum of 80% of scheduled games and practices during the season for which I am applying.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail or Email application to:  
H.A.S. Foundation, Inc.  
P.O. Box 683414, Marietta, GA 30068  
HelpingAthletesScore@gmail.com