



Southend Skills Academy – Confidential Scholarship Application

Player Information

Name _____

School _____ Grade _____

Parent/Guardian Information

Name(s) _____ Phone _____

Email _____

Training Information

Please provide us specific (sport, day, time, name of class) information on the training classes you are requesting to attend.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Financial Information

- 1) What is the total amount of money the classes above will cost? _____
- 2) How much of the total amount above are you able to contribute? _____
- 3) Scholarship amount? _____
- 4) Briefly explain the reason for your request. Use the back of this form if needed.

By signing and submitting this application you agree that the information provided above is true and that your child will be an active and positive participant in the trainings sessions he/she attends.

Parent Signature _____ Date _____

Please email the completed form to southendskillsacademy@hotmail.com

OR mail to 29520 199th Ave. SE Kent, WA 98042