

DR. MATTHEW P. ROWAN MEMORIAL FOUNDATION

Application for Financial Assistance



APPLICANT INFORMATION									
Last Name				First				M.I.	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Date of Birth			Amount Requested:						
Please describe the exact player development expense for which financial assistance is needed:									
Are you an amateur athlete?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever received money for playing?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If you have received money for playing, please describe how much and source:									
Do you plan to play in college?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, why?					
Are you committed to a college?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name:					
EDUCATION									
School				Address					
Grade		Are you a multisport athlete?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Sport(s):				
Coach				E-mail					
Coach				E-mail					
Advisor				E-mail					
GPA		Will you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Estimated Date:				
Percentile		Will go to college?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Field of Study:				
PARENT OR GUARDIAN INFORMATION									
#1				Occupation					
Street Address							Apartment/Unit #		
City				State			ZIP		
Employer				Salary					
#2				Occupation					
Street Address							Apartment/Unit #		
City				State			ZIP		
Employer				Salary					
Number of children/dependents:					Ages:				

CLUB VOLLEYBALL EXPERIENCE			
Current Club Name		Phone	
Address		Coach	
Team	Annual Dues:	Position:	
From	To	Reason for Leaving:	
May we contact your current coach for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Former Club Name		Phone	
Address		Coach	
Team	Annual Dues:	Position:	
From	To	Reason for Leaving:	
May we contact your previous coach for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PERSONAL REFERENCES			
<i>Please list three personal references who are not family members and include a letter of recommendation from each. References should include: (1) a volleyball coach from school or club, (2) a teacher from school who is not involved with your sport, and (3) someone from your community, church or other non-athletic organization.</i>			
Full Name		Relationship	
E-mail		Phone	
Full Name		Relationship	
E-mail		Phone	
Full Name		Relationship	
E-mail		Phone	
COMMUNITY SERVICE			
Organization 1:		From	To
Description of Service:		Hours	
Contact Name:		E-mail	
Organization 2:		From	To
Description of Service:		Hours	
Contact Name:		E-mail	
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
Signature		Date	