



For PEAK:  
Date Received: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Initials: \_\_\_\_\_

### Team Peak - 2020 Scholarship Form

The goal of our scholarship program is to reduce cost or cover costs for families in need, and not turn away any athlete because of economic circumstances. Please fill out the following information to apply for a scholarship with Peak. Scholarship applications will be held in confidence.

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_ Team PEAK Age Group: \_\_\_\_\_

Additional Athletes in family (Ages): \_\_\_\_\_

Parent/Guardian Information: Marital Status: Married Single Separated Divorced

Mother Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Financial Information:

Annual Family Gross Income from **all** sources: \$ \_\_\_\_\_ # of Dependents this supports: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Scholarship Requested:

Full Team Peak Scholarship - \$ \_\_\_\_\_  Team Peak "Gear" Scholarship - \$ \_\_\_\_\_

Half Team Peak Scholarship - \$ \_\_\_\_\_  Workout Session Scholarship - \$ \_\_\_\_\_

Session: \_\_\_\_\_ Dates: \_\_\_\_\_

**Total Scholarship Amount Requested: \$ \_\_\_\_\_**

If other information/circumstances should be considered, please attach to this form. By signing below, I agree that all above information is accurate and true.

\_\_\_\_\_  
(SIGNATURE) (PRINT NAME) (DATE)

If mailing this form, please use PO Box 1732, Blowing Rock, NC 28605.

#### Team PEAK Mission

To support kids in becoming people of integrity who will lead their peers, chase their dreams, model responsibility for others, and do good in the world. We want to use the game of basketball as a vehicle to teach athletes how to develop strong character by working hard, investing in themselves and others, and pursuing goals through adversity.