

BASKETBALL CAMP SCHOLARSHIP APPLICATION

Name of camper _____ Age _____ Grade _____

Address _____ City _____ State _____

Telephone _____ Email _____ School _____

Which basketball camp would you like to attend? _____ Camp date _____

CAMPER SECTION TO COMPLETE

Why would you like to attend IWU basketball camp?

Please provide a letter of recommendation from your teacher to let us know that you are giving 100% effort in your school. The person recommending the applicant should send the letter directly to IWU Women's Basketball. Fax: 765-677-2328 or email: Janae.gibson@indwes.edu

PARENT/GUARDIAN

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?

I attest that all information submitted above is true and accurate. I understand that this application does not guarantee my family a scholarship and that scholarship. IWU Men's Basketball has a limited number of scholarships available and upon review will let you know if you will receive one.

Signature _____ Date _____

Mail or drop off completed form to:

Indiana Wesleyan University
Attn: Women's Basketball Camp
4201 South Washington Street
Marion, Indiana, 46953
Fax: (765) 677 2328
Email: Janae.gibson@indwes.edu

*Scholarships are awarded on financial need. All recipients are asked to cover the cost of their \$7 t-shirt.