



ATHLETE SCHOLARSHIP APPLICATION

Full Name: _____

Address: _____

Parent's Phone Number: _____

Athlete's Age: _____ Grade Level: _____

How many years have you been a part of the JET Family? _____

Number of family members who play at JET? _____

How many family members do you have in your household? _____

Primary source, and if applicable, Secondary source of income?

How much financial assistance are you seeking?

****Please note, you may not receive full amount, as the JET Forward committee must determine each athlete's scholarship allocation per personal need.****

List your talents, gifts and strengths: _____

In your own words, describe your experience at JET: _____

CONTINUED ON BACK



ATHLETE SCHOLARSHIP APPLICATION

What do you feel you bring to JET, and what do your team members gain by having you as a part of our JET family? _____

Why do you want this scholarship, and why is playing here at JET important to you? _____

What have you gained in your years here at JET? If you are new to JET, what motivated you to join the JET family and what do you hope to learn/gain in your time here? _____

Signature: _____

Date: _____