



## SWBA BASKETBALL CAMP GRANT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County Zip Code

Date of birth: \_\_\_\_\_ email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Present school: \_\_\_\_\_ Grade in school: \_\_\_\_\_

School you will attend next school year: \_\_\_\_\_

Basketball league(s) you have participated in: \_\_\_\_\_

Do you have a part-time job? YES NO Where employed: \_\_\_\_\_

Have you previously attended a basketball camp? YES NO Camp attended with dates \_\_\_\_\_

Is financial aid a major factor in order for you to attend a Basketball Camp? YES NO

Do you agree to submit a written report on your camp experience to SWBA within 2 weeks of the end of the camp? YES NO

Why would you like to attend a Basketball Camp? (at least 250 typed words on a separate sheet of paper)

What are your future plans or goals other than basketball?

List your activities and achievements in school and/or the community. (at least 250 typed words on a separate sheet of paper)

What camp are you planning to attend? \_\_\_\_\_ Cost \_\_\_\_\_ Camp Date: \_\_\_\_\_

Camp phone, email or website: \_\_\_\_\_ Camp Director \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_ email /phone \_\_\_\_\_

Parent/Guardian Approval: \_\_\_\_\_

If my daughter is awarded a BB Camp Grant I approve of her attendance.

Applicant's Signature: \_\_\_\_\_

Please include copy of latest grades and

Send by separate mailing:

Two typed written recommendations by (1) applicant's coach, club/recreational leader and (2) a teacher

Submit application by: March 31, 2017 and Mail or Email to:

Kathy Morrissey

2169 Harbour Heights Road

San Diego, Ca 92109

morrissey.kathy@gmail.com