



West Virginia Olympic Development Program



Scholarship Application

Date: _____

Team: _____

Player's Name: _____

Date of Birth: _____

Address: _____ Email Address: _____

City _____ State _____ Zip: _____

Mother's Name: _____

(W) Phone: _____ (H) Phone: _____

Father's Name: _____

(W) Phone: _____ (H) Phone: _____

of Dependents in household: _____ # of ODP players in household: _____

Has this player or other players in your family received an ODP Scholarship before: Y / N

Please list year(s) and name(s) of previous scholarship(s): _____

Please list below as much information as possible regarding your circumstances for requesting scholarship aid. Use the back of this form or additional sheets if necessary.

Requesting Parent/Guardian Signature

Date

This information will be held in confidence, will not be disclosed to anyone except the ODP scholarship committee, and will be used only for the purpose of determining eligibility for ODP scholarships. Note: The \$50 registration fee can not be scholarshipped and must be paid prior to tryouts.

ADMINISTRATIVE USE ONLY Date Rec'd _____ Date Notified: _____ Amount: \$ _____