



CAMP

SCHOLARSHIP APPLICATION

FAX TO 877-745-9725, OR EMAIL clintdal@breakthroughbasketball.com

MAIL TO: 5001 1ST Ave SE STE 105 #254, Cedar Rapids, IA 52402

Name of Camper _____ Age _____ Address _____
Apt. # _____ City & State _____ ZIP Code _____ Telephone _____
Email _____ School _____

Which basketball camp would you like to attend?

Locations of Camp (city/state): _____ Camp Date: _____

CAMPER STATEMENT

Why would you like to attend a Breakthrough Basketball camp?

Please provide us with a short letter of recommendation from a teacher, coach or counselor to let us know that you are giving 100% effort in your school. The person recommending the applicant should send the letter directly to Breakthrough Basketball. FAX: 877-745-9725, EMAIL clintdal@breakthroughbasketball.com

Once we have your documents, we will review them and **get back to you no later than 3 weeks prior to camp.**

Name of person providing recommendation _____

PARENT/GUARDIAN STATEMENT

WITH WHOM DOES THE APPLICANT LIVE? (Please check all that apply)

Mother Father Siblings(s) How many? _____

Other(s) Please list _____

Father's Occupation _____ Annual Income \$ _____

Father's Employer _____

Mother's Occupation _____ Annual Income \$ _____

Mother's Employer _____

Annual Income of All Other Adults in Household \$ _____

Can you provide any special circumstances about your family's financial situation?

Permission is granted to disclose that my child is a Breakthrough Basketball scholarship recipient. I swear that all the information provided is true, accurate and complete. I agree to provide proof of income, such as income tax forms, if requested by Breakthrough Basketball Camp.

Parent/Guardian Signature _____ **Date** _____

www.BreakthroughCamps.com