



## CAMP SCHOLARSHIP APPLICATION

FAX TO 877-745-9725, OR EMAIL [dustin.pierson@breakthroughbasketball.com](mailto:dustin.pierson@breakthroughbasketball.com),  
OR MAIL TO: 5001 1<sup>ST</sup> Ave SE STE 105 #254, Cedar Rapids, IA 52402

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City & State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
School \_\_\_\_\_

Which basketball camp would you like to attend?

Location of Camp (City/State): \_\_\_\_\_ Camp Date \_\_\_\_\_

### CAMPER SECTION TO COMPLETE

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 a 100% effort in your school. The person recommending the applicant should send the letter directly to Breakthrough Basketball. **FAX:** 877-745-9725 or **EMAIL** [dustin.pierson@breakthroughbasketball.com](mailto:dustin.pierson@breakthroughbasketball.com)

Name of person providing recommendation \_\_\_\_\_

### PARENT/GUARDIAN SECTION TO COMPLETE

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 \$ \_\_\_\_\_

What are the reasons for requesting these funds? Please note any extenuating financial circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_