



## 2018 5-8<sup>th</sup> GRADE OFF-SEASON BASKETBALL SCHOLARSHIP PROGRAM

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**Award: (1) \$100.00 Scholarship (or full amount of team entry if less than \$100)**

**To qualify you must meet the following criteria:**

1. 5<sup>th</sup>-8<sup>th</sup> Grade Shiocton School District Student
2. Shiocton Hoops Club Tournament Team Player
3. Off-Season Basketball program must include at the minimum four 5-on-5 AAU-type club tournaments

**Program participation expectations:**

1. Must participate in 75% of the scheduled tournaments
2. Must attend 80% of the scheduled practices

**Criteria used to select candidates will include, but is not necessarily limited to, the following:**

1. Player's participation within the Shiocton Hoops Club basketball program
2. Off-season basketball program philosophies
3. Funds available in budget for off-season basketball...get your application in as early as possible

**Submission Deadline:** April 1<sup>st</sup>, 2018. No exceptions.

**Submit:** The following documents are needed in order to approve scholarship:

1. Completed application form
2. Proof of Payment – Receipt/Invoice from the off-season basketball organization

Send the above to Brad Jorgensen via email (attach scanned application documents) – [bjorgen720@aol.com](mailto:bjorgen720@aol.com), or send via mail to:

Shiocton Hoops Club  
Attention: Brad Jorgensen  
N8280 State Highway 187  
Shiocton, WI 54170

# SHIOCTON HOOPS CLUB

## OFF-SEASON BASKETBALL SCHOLARSHIP APPLICATION

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Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_

Father/Legal Guardian: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Tournament Team Head Coach Name: \_\_\_\_\_

How many years has the player been playing basketball in the Shiocton Hoops Club program? \_\_\_\_\_

### *Off-season Basketball Organization Information*

**Organization/Group Name (i.e. Wisconsin Blizzard, Wisconsin Blaze, Playground Warriors, etc.)**

Note: The team doesn't need to be part of a professional AAU organization, but must be structured to compete in AAU tournaments.

\_\_\_\_\_

Organization Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Head Coach for team (if known): \_\_\_\_\_

Cost to participate in the off-season program: \_\_\_\_\_

The player must provide the responses to the following questions:

1. Explain a goal you set for yourself during the basketball season, how you went about accomplishing that goal and if you succeeded or not.

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2. Explain why you want to play organized basketball in the off-season.

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Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_