



Providence Athletic Association
P.O. Box 36682, Richmond, VA 23235

www.paasports.org

Providence Athletic Association Scholarship Request Form

Player Name: _____
Player Birth Date: ____/____/____ Player Age: _____
School: _____ Grade: _____
Parent's Name: _____
Phone (home): _____ Phone(other): _____
Address: _____
Email: _____

I am requesting a discounted scholarship be extended to the player named above for the following reason(s):

As the parent(s) or legal guardian(s) of the above player I agree to volunteer for 8 hours of the following league sponsored activities: (Circle which activities you will volunteer for.)

Field Maintenance	Concessions	Fundraising
Equipment Distribution/Collection	Team Parent	Scoreboard Operator / Announcer

Each year Providence Athletic Association distributes a limited number of scholarship discounts based on financial necessity. Because these resources are limited they cannot be extended to waived players.

All information collected on this form will be held strictly confidential.

Please Mail to:

Providence Athletic Association – Football Scholarship
P.O. Box 36682
Richmond, VA 23235