Scholarship Application

Please complete the following application and return via email, to our scholarship committee at [register4cbsa@gmail.com](mailto:register4cbsa@gmail.com), or via mail to CBSA Scholarship, PO Box 266, Cazenovia, NY, 13035. This application is entirely confidential and will only been viewed by the scholarship application committee.

Once received, your application will be reviewed to determine if we are able to award a scholarship and in what amount. If awarded a scholarship, you will receive an email and instructions for how to complete the online registration.

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| **Player Information** | | | |
| **Name** | | **DOB** | **Requested Division** |
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| **Parent Name** | | **Email Address** | |
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| **Mailing Address** | | **Phone Number** (Best number to reach you) | |
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| **Applying for:** | Full Scholarship | Partial Scholarship | Quantity: |
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| **Please provide a brief explanation of why you are requesting a scholarship:** | | | |
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