

***Infinity* - The Gilroy Field Hockey Club**
Scholarship Application

Eligibility Criteria:

- ✓ **Must be a member of Infinity, The Gilroy Field Hockey Club**
- ✓ **Minimum cumulative GPA of 2.0 or higher (if attending middle or high school)**
- ✓ **Must be in need of financial assistance**

Applicants are required to submit:

- ✓ **Scholarship Application**
- ✓ **Essay (see application question 13)**
- ✓ **One letter of recommendation from a teacher, counselor or other school official**

All applications should be submitted by mail to:

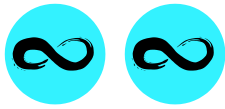
**Gilroy Field Hockey Club
760 Lawrence Drive
Gilroy, CA 95020**

PLEASE NOTE:

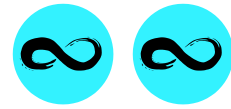
In the event that you are a scholarship recipient:

- You must attend the majority of team practices.**
- Your attendance is required at tournaments for which the club is sponsoring you.**

If you do not regularly attend practices or are absent for a club-sponsored tournament, you will become ineligible for future scholarships from Infinity.



Infinity Scholarship Application



Sponsoring Organization: The Gilroy Field Hockey Club

- 1) **Applicant:** _____
Last Name First Name Middle Name
- 2) **Applicant Age:** _____ **Date of Birth:** _____
Month Day Year
- 3) **Grade Level:** _____ **School:** _____
- 4) **Email Address:** _____ @ _____ .com
- 5) **Mailing Address:** _____

- 6) **Home Phone Number:** (_____) _____ - _____
- 7) **Applicant's Parents/Guardians:** _____
- 8) **Applicant's # of siblings:** _____
- 9) **Annual Family Income:** \$ _____
- 10) **If applicable, list past fundraisers sponsored by Infinity in which you have participated.**

- 11) **If applicable, please list all other sports/clubs in which you participate that require fees for participation:**

- 12) **If you are requesting a scholarship to participate in club tournaments, please list which tournament(s) you are requesting a scholarship for:**
- 13) **On an additional sheet of paper, please respond to the following essay question in 300 words or less: *How has your participation in the Gilroy Field Hockey program benefited you personally, and how will your participation in these tournaments benefit the Gilroy Field Hockey Program?***
- 14) **Attach one letter of recommendation from a teacher, counselor or other school official. (Applications will not be considered without a letter of recommendation.)**