



PO Box 40444  
Bellevue WA 98015-0444  
A 501(c)(3) Charitable Organization  
Federal ID#71-0954545

## Application for Bellevue Blast Scholarship

Athlete

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

Team Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1) Is athlete currently receiving free/reduced-price meals at school? Yes No (circle)

2) If answer to #1 above is No, please provide a brief description of your current financial situation any extenuating circumstances (parent recently lost job, long-term illness of primary provider, recent divorce, etc.):

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\_\_\_\_\_

\_\_\_\_\_

Bellevue Blast reserves the right to verify any of the above information at any time. You may be asked to send additional information as needed. Please complete form and send to the address above or e-mail to \_\_\_\_\_.