



## BASKETBALL CAMP SCHOLARSHIP APPLICATION

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ School \_\_\_\_\_

Which basketball camp would you like to attend? \_\_\_\_\_ Camp Date \_\_\_\_\_

### **CAMPER SECTION TO COMPLETE**

Why would you like to attend IWU basketball camp?

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Please provide a letter of recommendation from your teacher to let us know that you are giving 100% effort in your school. The person recommending the applicant should send the letter directly to IWU Men's Basketball or email Jordan Weidner at [jordan.weidner@myemail.indwes.edu](mailto:jordan.weidner@myemail.indwes.edu).

### **PARENT/GUARDIAN**

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?

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I attest that all information submitted above is true and accurate. I understand that this application does not guarantee my family a scholarship and that scholarship. IWU Men's Basketball has a limited number of scholarships available and upon review will let you know if you will receive one.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Mail or drop off completed form to:**

Indiana Wesleyan University  
Attn: Men's Basketball Camp  
4201 South Washington Street  
Marion, Indiana, 46953

Email: [jordan.weidner@myemail.indwes.edu](mailto:jordan.weidner@myemail.indwes.edu)

*Scholarships are awarded on financial need. All recipients are asked to cover the cost of their \$7 t-shirt.*