

# South Cobb Jr Eagles Program

## Financial Hardship/Scholarship Application

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

Player Grade: \_\_\_\_\_

Parents or Legal Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

List any hardship programs you are eligible for through Cobb County schools and the state of Georgia:

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Please give a short description of hardship:

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Please provide student's final report card from the previous school year if current one not available. Return this form to your Director.