

**[www.SportsHopes.org](http://www.SportsHopes.org)**  
***High School and Community College***  
***Student-Athlete Application for Assistance***

**Personal Information -**

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

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

Mailing Address (if different from Home Address): \_\_\_\_\_

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

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

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

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Home/Mailing Addresses: \_\_\_\_\_

Parent/ Guardian Phone Numbers: \_\_\_\_\_

Parent/Guardian Email Addresses: \_\_\_\_\_

Who You Reside With (if different): \_\_\_\_\_

Qualify for Free or Reduced Lunch or Fee Waiver Programs: Yes / No / Not Sure \_\_\_\_

Single-Parent, Low-Income or Foster Care Household: Yes / No / Not Sure \_\_\_\_\_

Number of Siblings / Dependents in Household: \_\_\_\_\_

Number in Household Enrolled in College - F/T or P/T: \_\_\_\_\_

Applied to Colleges - EOP - Other College Programs: Yes / No \_\_\_\_\_

Applied for Financial Aid - FAFSA (EFC) / Cal Grant / CSS Profile: Yes / No \_\_\_\_\_

Leadership / Community Volunteer Work: \_\_\_\_\_

Where Do YOU Want To Go To College? \_\_\_\_\_

\_\_\_\_\_

**High School / Community College Information –**

Current School Name and Location: \_\_\_\_\_

Current Grade Level or Units Status: \_\_\_\_\_

Current GPA (transcript required to confirm): \_\_\_\_\_

SAT / ACT Test Scores and Dates: \_\_\_\_\_

Graduation or Transfer Year (expected): \_\_\_\_\_

High School Diploma or GED: Yes / No \_\_\_\_\_

Four-Year College Core Course Eligible: Yes / No / Not Sure \_\_\_\_\_

Academic Counselor Name: \_\_\_\_\_

*Primary Sport:* \_\_\_\_\_

Varsity, JV or F/S and Number of Years: \_\_\_\_\_

Positions / Events: \_\_\_\_\_

Starter: Yes / No \_\_\_\_\_

Highlights Video and Best Stats/Marks Available: Yes / No \_\_\_\_\_

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

*Secondary Sport:* \_\_\_\_\_

Varsity, JV or F/S and Number of Years: \_\_\_\_\_

Positions / Events: \_\_\_\_\_

Starter: Yes / No \_\_\_\_\_

Highlights Video and Best Stats/Marks Available: Yes / No \_\_\_\_\_

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

NCAA ID Number: \_\_\_\_\_

Contact From College Coaches: Yes / No \_\_\_\_\_

**Fill-in and mail to: SportsHopes, PO Box 21146, Castro Valley, CA 94546**