

HEADFIRST GAMERS SCHOLARSHIP PROGRAM

Headfirst Gamers Scholarship & Financial Aid Form

Headfirst prides itself on being able to provide the Gamers experience to many student-athletes, regardless of his or her family's financial situation. We do, however, require that the prospective player's family provide Headfirst with a written statement explaining the details of their situation. After receiving and reviewing this statement, Headfirst will always have the option and right to deny or question the financial request. In this case, the family is by no means obligated to provide additional information, but Headfirst will have the right to deny the prospective player an opportunity to participate. If you should have any questions regarding this form, please contact Steve Devine (202) 625-1921 ext. 107 or email: gamers@playheadfirst.com

Thank you.

Return this form to Headfirst via fax (202) 249-1047 or email (gamers@playheadfirst.com)

Player's Name: _____

Age Group: _____

Total cost of tuition if you were to pay in full: \$_____

Amount of financial aid requested: \$_____

Age: _____ Birth date: _____

Father Name & Email: _____

Mother Name & Email: _____

Home Address: _____

HEADFIRST GAMERS SCHOLARSHIP PROGRAM

Please provide a clear, concise written (or typed) explanation in the space provided below describing the reason for your financial aid request for _____ (player's name).

I hereby agree that that the above statement is a true and honest statement and that any false representation may result in a failure to receive financial aid.

Parent's Signature: _____

Date: _____

Parent's Printed Name: _____

Phone Number: _____

Email: _____