Application form to be a recipient of the Izayah Zeid Mohamedali Scholarship in the Vancouver Eagles Youth Basketball Club.

Player's Name: First	Last	
Parents or Guardians Name:		
Father:Mother:		
		Postal Code
Home phone:	Cell phone:	
Grade School's name and ad	ddress	
Name of Principal:		
I would like to apply for a scholar - Fall season - Winter Season - Spring Season - Summer Season	rship for my child for: (pleas	se check one)
In what kind of activities is your	child involved?	
Any medical problems that the c	oach needs to be aware of	?
Previous basketball experience?		
On a separate piece of paper, pl scholarship (i.e. Why this child d from it?).		re named child is applying for this nd how the child will benefit
With this application, please atta need and value of this scholarsh		the school principal explaining the
Are you familiar with the Steve N	lash/Eagles program?	
How do you know about the Van	couver Eagles Youth Bask	tetball Club?
Signature of the parents or guard	dians:	
Name: Date:	Signatur	re:
Name:	Signatur	re:
ו וסובו.		