

**Alabama Twisters Basketball Club Fee Support Request Form  
Spring 2007**

Players Name \_\_\_\_\_

Coach and Team (10u, 11u, etc.) \_\_\_\_\_

Amount of Scholarship Funding Requested \$ \_\_\_\_\_

Name of Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Husband Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ Number of Years with Company \_\_\_\_\_

Supervisor Name and Telephone No. \_\_\_\_\_

Wife Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ Number of Years with Company \_\_\_\_\_

Supervisor Name and Telephone No. \_\_\_\_\_

Household Income/Year (Check One)

\$10,000-\$19,999	_____	\$20,000-\$24,999	_____
\$25,000-\$29,999	_____	\$30,000-\$34,999	_____
\$35,000-\$39,999	_____	\$40,000-\$44,999	_____
\$45,000-\$49,999	_____	\$50,000 Plus	_____

Number of Household Members Supported by Parents or Guardian \_\_\_\_\_

Names and Ages

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____

Please Provide us with any special circumstances or financial situations that substantiate your need to obtain available scholarship funding.

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Alabama Twisters Basketball Club Board Member Signature