



Esports Scholarship Application

Participant Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address City State Zip Code

Parent(s): _____ Number of Dependents in the Home: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

Employment Status (Circle One): Employed F/T or P/T; Unemployed; Self-Employed Yearly Household Income: 5,000-20,000 20,000-50,000 50,000- 70,000 70,000-100,000 100,000-150,000 150,000+ N/A

Grade: _____ School: _____ Does your child have an IEP or 504 plan? YES NO

If so, please explain: _____

Esports is a team sport and will require that participants communicate and partner with one another, in addition to being receptive to coaching. Players will also likely experience disappointing losses in game play. Does your child require any support or accommodations to help them cope with emotional/behavioral challenges (anxiety, distractibility, impulsivity, etc.) or external stimuli (loud noises, groups, etc.)? YES NO

If so, please explain: _____

E-sports is a great outlet to support socialization and building of a social network. ASTV's goal is to provide the needed support for as many children to participate in this opportunity. Please indicate below if you will require a full scholarship (\$200.00) or partial scholarship (\$100.00) for your child to participate. The availability of partial scholarships would allow for more children in households of need to participate. Full Partial

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____