

CYBA Scholarship Application

2024-2025 School Year

This application is due by December 1<sup>st</sup>

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Preference for communication circle: Phone    Mail    Email

Student(s) \_\_\_\_\_ Grade \_\_\_\_\_

_____	_____
_____	_____
_____	_____
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Statement of Need (attach a separate page if more space is needed)

-Include information that is an indicator of your need for financial assistance.

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- A scholarship committee will carefully review each application.
- Demonstrated need & first come basis will apply to all completed and eligible applications.
- The number of scholarships awarded and the selection of recipients will be determined by the committee and availability of funds and approved by the CYBA Board.
- The payment of the scholarship will be made in the name of the child directly to CYBA.
- Scholarship recipients will be notified by preference phone/mail/email
- All information provided will remain confidential.

Please email application by the due date to **info@crookstonbasketball.com**

Alternatively, applications can be mailed to:

CYBA  
Attention: Scholarship Committee  
PO BOX 91  
Crookston, MN 5671