



Manhattan Basketball Association Application for Scholarship Funds

Event/Program Funds are Needed for: _____

Date of Event/Program: _____

Amount of Request: _____ Date Funds Needed: _____

Name of Applicant: _____

Grade/School of Applicant: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent Guardian Email: _____

Reason for scholarship application: _____

Please return completed application to:

MBA

3954 High Plains Ranch

Manhattan, KS 66503

OR scan and email back to: manhattanbasketballassociation@gmail.com

