



River Ridge Jr. Knights Basketball Club

Financial Hardship/Scholarship Application

Player Name: _____

Player Grade: _____

Parents or Legal Guardian Name: _____

Email: _____

Home Ph: _____ Cell Ph: _____

List any hardship programs you are eligible for through Cherokee County schools and the state of Georgia:

Please give a short description of hardship:

Please provide student's final report card from the previous school year if current one not available. Return this form to your head coach.