



2022 Individual Scholarship Program

The Mike Reese Memorial Fund Announces the Mike Reese Memorial Individual Scholarship program. This scholarship program is intended for youth athletes who are looking to pursue a higher level of play via non-recreational leagues (i.e travel teams) but who does not have the financial ability to participate.

Individual Scholarship Guidelines:

- Must be a student, under 18 years of age, who lives within the 2021 Pennsylvania 59th Legislative District
- Must be trying out for or already received a spot on a non-recreational team.
- Must have a financial need
- Scholarship funds will be paid directly to the student once the Mike Reese Memorial Fund receives verification that the student is on the roster of a non-recreational team
- Scholarship will be paid directly to the student. Amount will be based on need and will be at the discretion of the Board of Directors of the Mike Reese Memorial Fund
- Applications can be submitted at any time. Applications can be mailed to:
Mike Reese Memorial Fund
PO Box 225
Norvelt, PA 15674

Applications are also available to download via PDF from our website at
www.mikereesememorialfund.com

- Applications will be reviewed timely and the recipient will be notified about the decision
- The selection of recipients and amounts of awards are solely at the discretion of the Board of Directors of the Mike Reese Memorial Fund.

Please submit any questions to mikereesememorialfund@gmail.com



Mike Reese Memorial Fund

Individual Grant Application

Applicant Information

Full Name: _____ DOB: _____

Parents Full Name: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email: _____

About You

Please tell us about yourself:

How will this grant help you personally?

Financial Request

What sport are you requesting a grant for? _____

How much money do you need for this purpose: \$ _____

Is your family able to financially contribute to the amount needed? If so, how much? \$ _____

Please itemize the expenses that this grant will cover:

\$ _____ Description _____

\$ _____ Description _____

\$ _____ Description _____

\$ _____ Description _____

\$ _____ Description _____

\$ _____ Description _____

Team Information

Name of Team: _____

Address or Location: _____

Team/Organization Contact person: _____

Contact phone number: _____

Coach's Name: _____

Coach's Phone Number: _____

Please submit completed application to:

Mike Reese Memorial Fund

PO Box 225

Novelt, PA 15674