



American Family Insurance Badger State Games Entry Fee Scholarship Request Form

A Wisconsin Sports Development Corporation benefactor has donated money to ensure no one is denied the opportunity to compete in the American Family Insurance Badger State Games due to financial reasons. A fund has been created to pay for entry fees for children who cannot afford the cost of registration.

The following application form should be submitted along with the attached sport registration form. **There are no specific criteria for qualification.** However, this scholarship is intended for individuals who would like to participate, but are unable due to financial difficulties.

Participants need to be 18 years of age or younger. This certification form may be completed by parent, guardian, coach, team contact, club, association, or organization official (Sports Club, YMCA, Boy's & Girl's Club, etc.) No official documentation is required, Signature verification is all that is required. Apply early, funds are limited. Deadline for application is the mail-in deadline for your sport. Call for availability after mail-in deadlines.

To request a fee waiver for Individual Sports: Use a mail-in registration form and mail with the verification form to WSDC Registration, PO Box 7788, Madison, WI 53707-7788. Please respect the mail-in deadlines for individual sports.

To request a fee waiver for Team Sports: Team contact should register their team as usual, online or mail-in. Send a separate verification form for each team member who qualifies to WSDC Entry Fee Scholarship, PO Box 7788, Madison, WI 53707-7788. Be sure to complete the team portion of the qualification form. A reimbursement check will be sent for the individual's prorated portion of the team entry fee.

Please Print Clearly

Participant's Name: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Birthdate: ____/____/____ Phone () _____ - _____

Email (if available): _____

I certify that the above named individual meets the qualifications for the Entry Fee Scholarship to the American Family Insurance Badger State Games.

Name: _____ Signature: _____

I am a parent/guardian I am a Club/Organization/Association Official I am a coach/team contact

Club/Organization/Association/Team Name: _____

If your request is for reimbursement for part of a team entry, please provide the following information:

Team Name: _____ Event: _____

Make reimbursement check payable to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____