



# Delaware Olympic Development Program Scholarship Application

Date: \_\_\_\_\_ Team: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

(W) Phone: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (Cell) Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

(W) Phone: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ (Cell) Phone: \_\_\_\_\_

# of Dependents in household: \_\_\_\_\_ # of ODP Players in household: \_\_\_\_\_

Has this player or other players in your family received an ODP Scholarship before Y or N

Please list year(s) and name(s) of previous scholarship(s): \_\_\_\_\_

**Please list below as much information as possible regarding your circumstances for requesting scholarship aid. Use the back of this form or additional sheets if necessary.**

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Requesting parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail Forms to: Mary Ann McKenna  
39 Oakcrest Dr.  
Dover, DE 19901

*This information will be held in confidence, will not be disclosed to anyone except the ODP scholarship committee, and will be used only for the purpose of determining eligibility for ODP scholarships.*