



# AIS scholarships basketball history

Please complete this form and return it with your scholarship application to:  
AIS Basketball, PO Box 176, Belconnen ACT 2616

## Section 1 Personal details

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### Applicant

Name: \_\_\_\_\_

### Parent/Guardian Details

*Mother:*

Given names \_\_\_\_\_ Family name \_\_\_\_\_

Contact number \_\_\_\_\_

*Father:*

Given names \_\_\_\_\_ Family name \_\_\_\_\_

Contact number \_\_\_\_\_

List in order of preference, your playing positions

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Height: \_\_\_\_\_ cms    Weight: \_\_\_\_\_ kgs

What do you hope to achieve by joining this program?

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## Section 2 Representation

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### Regional/District Representation

Year	Region/District	Grade	Coach

### State Representation

Year	State	Age Group	Coach

### State Institute/Academy Program

Year	Region/District/State	Coach

### National Under Age Talent Identification Squads

Year	Age Group	Coach

### National Teams

Year	Team	Competition played	Coach

### Other

Year	Team/representation	Competition played	Coach