

**Hoops for Hope  
Senior Player Application**

\_\_\_\_\_ Yes I am interested in playing in the Eleventh annual Hoops for Hope game.

*If I am not selected to play, I would like to help in other ways. \_\_\_ Yes \_\_\_ No*

\_\_\_\_\_ No I am not interested in playing in the Eleventh annual Hoops for Hope game.

(Continue information on a separate page if needed)

- # of years you have participated on your high school basketball team.  
(If you were unable to go out in any given year, please explain why)

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- Average High School GPA \_\_\_\_\_

- Community activities and/or any extra school activities.

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- List any other accomplishments or honors you have received

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- Why do you feel you should be selected to participate in this event?

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- Please share any stories you have on how your family has been affected by cancer.

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- What are your future goals/plans\_\_\_\_\_

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- Family information: (Parents & siblings)\_\_\_\_\_

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
e-mail address

\_\_\_ Yes, I will allow my daughter to participate in the annual  
Hoops for Hope game.

\_\_\_\_\_  
Parent signature