



## Dave DeBusschere NBRPA Scholarship Fund 2020 Application

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In furtherance of its support of the proposition that every citizen should have access to higher education regardless of his or her financial status, the National Basketball Retired Players Association, Inc. (“NBRPA”) has established the Dave DeBusschere Scholarship Program (“The Program”). The purpose of The Program is to provide scholarships to eligible NBRPA members returning to college and/or the children, grandchildren or spouses of NBRPA members of former professional basketball players to help them meet the costs of higher education.

### 1. Eligibility Requirements

In order to qualify as an Eligible Candidate (“Eligible Candidate”), one must be a current NBRPA member, the offspring (natural, step, legally adopted or grandchild) or the spouse of a current NBRPA member. In addition, the offspring or spouse of a deceased NBRPA member who was in good standing at the time of his or her death will be deemed an Eligible Candidate for five (5) years after the member’s death.

- a. An Eligible Candidate must be either:
  - (1) a high school senior who will graduate in the spring and enter a college, university or certain vocational or technical school within the U.S. that is accredited by a nationally recognized accrediting association or agency,  
  
**or**
  - (2) any high school graduate who has been accepted to an educational institution,  
  
**or**
  - (3) a student currently enrolled full time in such an educational institution who is returning to school the following fall.
- b. Applicants must have a cumulative GPA of a 2.75 or better to qualify for an award.
- c. No family member of the NBRPA’s staff will qualify as an Eligible Candidate.

### 2. Scholarship Criteria

The Board of Directors (“The Board”) will select scholarship recipients after careful evaluation of the applications of all Eligible Candidates. Selection will be based on the following criteria:

- a. Financial need: For purposes of the DeBusschere Scholarship, an applicant will be deemed an “Adult” at age 21. Any applicant under the age of 21 will be deemed a “Minor”. The household income of an Adult applicant or the parents/guardians of a Minor applicant must not exceed \$150,000 in the preceding year. Income will be defined by the adjusted gross income as reported on the 2019 Federal Form 1040 Income Tax Return.

- b. Character, motivation and personal achievement.
- c. Results of a scholastic aptitude test either of the College Entrance Examination Board or the American College Testing Program. These scores will be considered only after a careful evaluation of the applicant's academic record, recommendations, background and demonstrated potential.

**COMPLETED** applications must be **RECEIVED** no later than **Friday, May 29, 2020** to be eligible for awards for the following Fall. Recipients will be announced by Wednesday, July 1, 2020.

**Applications received after the deadline will not be considered.  
There will be NO EXCEPTIONS.**

### 3. The Board of Directors

The final decision on each scholarship will be made by the Member Services & Benefits Committee (Committee) of the NBRPA Board of Directors.

This is a competitive scholarship program. Decisions of the Committee are final in the absence of an appeal. An applicant may file an appeal within fourteen (14) days of denial. As part of the appeal process, applicants must submit a 750 – 1000 word essay that answers the following questions;

- a. *Why are you deserving of this scholarship?*
- b. *How would you represent the NBRPA as a recipient of this scholarship?*
- c. *How will the scholarship assist you in reaching your future goals?*

The Chairman of the Committee, shall respond within seven (7) days of your appeal. Any decision from the appeal process shall be final. The Committee will not release justifications for recipient selections.

### 4. Scholarship Awards

The number of scholarships to be awarded each year will vary pursuant to the number of Eligible Applicants and the Board's discretion.

Scholarships are awarded for a single academic year. Prior scholarship recipients are eligible to apply the following year, provided that all criteria is met.

Scholarship awards are mailed directly to the applicant's college or university and are to be used for the sole purpose of defraying the cost of tuition, room & board and textbooks only.

## 5. The Scholarship Application Process

Candidates must ensure that their **COMPLETE** applications for the Dave DeBusschere NBRPA Scholarship Award are received at the office of the NBRPA no later than Friday, **May 29, 2020**. A complete application may be submitted via online electronic submission through the DocuSign website, scan and email, mailed or fax.<sup>1</sup>

- a. Completed Scholarship Application Form.
- b. ***Official*** or ***unofficial*** copy of Transcript by the candidate's present school or last school of attendance.
- c. If an Eligible Candidate is an NBRPA member, spouse, adult child or adult grandchild (age 21 or over) of an NBRPA member, he or she must complete the Annual Income and Expenses Form, as well as provide a current copy of their **2019 Federal Tax Return and W-2 Form**. If the Eligible Candidate is the minor child or grandchild of an NBRPA member, then the minor applicant's parent or guardian must complete the requisite forms. This includes divorced, step, adopted and any other legal guardians claiming the candidate on the tax forms. Failure to submit both forms by the deadline shall render the applications disqualified.<sup>2</sup>
- d. A copy of your Student Aid Report (SAR), which you should have received after completing the Free Application for Federal Student Aid, commonly referred to as the 'FAFSA' form.
- e. Two (2) professional or academic letters of recommendation.
- f. ***Earl Lloyd Memorial Scholarship***: In honor of the recently departed NBA pioneer, Earl Lloyd, the "NBA Legacy Fund" has pledged an annual, restricted gift of \$50,000 to the NBRPA for the purpose of providing significant financial support to low income recipients of the Dave DeBusschere Scholarship. The Lloyd Scholarship will be available to the children and grandchildren of NBRPA members who have played Three (3) full years in the NBA and therefore, deemed eligible to receive assistance from the Foundation. Recipients of the Lloyd Scholarship shall be paid at the same time of the DeBusschere Scholarship.

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<sup>1</sup> *The NBRPA will not accept photograph or picture-taken images of these forms*

<sup>2</sup> *Please note parents are subject to full disclosure. Both parents, if they file separately, are each required to submit an Annual Income and Expense form as well as a current copy*



**Degree/Year**

9. Current School: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

10. Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Standardized Test Scores:

11. SAT (math): \_\_\_ SAT (read/write): \_\_\_ ACT: \_\_\_ Other: \_\_\_ (please specify exam: \_\_\_\_\_)

12. Fall 2020 Candidate will be:  Freshman  Sophomore  Junior  Senior  Graduate Student

13. Candidate is a full-time student?  Yes  No Intended Major: \_\_\_\_\_

14. Name of College: \_\_\_\_\_

15. Financial Aid Office Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

16. Financial Aid Advisor: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Phone Number

17. Send Check in c/o: \_\_\_\_\_

Financial Aid Office Phone #: (\_\_\_\_\_) \_\_\_\_\_

Please list in detail your extracurricular activities, work experience, awards, honors, and leadership positions. Use additional pages if necessary.

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**18. Applicant's Proposed Budget for the 2020 – 2021 Academic Year**

ESTIMATED EXPENSES

- a. Tuition                    \$ \_\_\_\_\_
- b. Room and Board        \$ \_\_\_\_\_
- c. Student Fees            \$ \_\_\_\_\_
- d. Books & Supplies      \$ \_\_\_\_\_
- e. Travel                    \$ \_\_\_\_\_
- f. Other                     \$ \_\_\_\_\_
- TOTAL:**                    \$ \_\_\_\_\_

19. List all those in your household dependent upon (i.e. supported by) your parent(s) in 2020-2021. Include yourself, your parent(s), your brothers, sisters, and other relatives. Attach extra sheets if necessary.

Name	Age	Year in School	Parents Contribution	Full-Time? ○ Y ○ N	Live at School? ○ Y ○ N	Claims as Tax Exempt? ○ Y ○ N
_____	_____	_____	_____	○ Y ○ N	○ Y ○ N	○ Y ○ N
_____	_____	_____	_____	○ Y ○ N	○ Y ○ N	○ Y ○ N
_____	_____	_____	_____	○ Y ○ N	○ Y ○ N	○ Y ○ N

20. Are there any special circumstances that you would like the Committee to take into consideration?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Please submit/attach two (2) Letters of Recommendation from teachers/professors.

Recommended by: \_\_\_\_\_ Recommended by: \_\_\_\_\_

**CERTIFICATION:**

I understand that before any award can be made, I must first apply and be accepted to a recognized institution of higher learning. I realize that accepting the Dave DeBusschere NBRPA Scholarship Award requires me to register and complete the minimum course load required for status as a full-time student at the institution that I am attending. The award will be made for one academic year. I understand that if I receive a grant, I must submit a current college transcript to the NBRPA Board of Directors at the end of the academic year along with a summary of extracurricular activities undertaken and any honors or recognition received. The information provided on this application is correct and true to the best of my knowledge. I understand that any falsified information can jeopardize my chance for any scholarship consideration. I hereby authorize the release to the NBRPA Board of Directors any information held or to be held by either secondary school, college, or university officials, and others, including but not limited to personal evaluations and transcripts. I understand that this material may be kept confidential both from the public and me; and I waive any right of access that I might have by law. I agree to permit my name, likeness, and nonfinancial information to be used in connection with any public disclosure of the Dave DeBusschere NBRPA Scholarship Fund. Furthermore, I waive any claims against the NBRPA, NBRPA Marketing, Inc., their employees, officers, and directors regarding their decision to approve or deny my application for the DeBusschere Scholarship.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

**ANNUAL INCOME AND EXPENSES FORM**

(This portion to be completed by the Adult applicant or the parent/guardian of a Minor applicant)

If parents live in separate households, both parents must complete and submit this form.

Student's name: \_\_\_\_\_  
                                 First                                M.I.                                Last (Family Name)

Student's Parent: \_\_\_\_\_

Street Address: \_\_\_\_\_  
   Street  
                                 \_\_\_\_\_  
                                 City                                State                                Zip Code

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Number of Years with Employer: \_\_\_\_\_

Income Information (select all that apply):

- From a completed 2019 IRS form 1040A or 1040EZ
- From a completed 2019 IRS form 1040
- Estimated; a 2019 return will be filed
- Estimated; a tax return will not be filed

**Total 2019 Tax Numbers**

- 1. Wages, salaries, tips, and other compensation
  - a. Student   \$ \_\_\_\_\_
  - b. Student's parent   \$ \_\_\_\_\_
  - c. Student's current spouse   \$ \_\_\_\_\_
- 2. Interest income   \$ \_\_\_\_\_
- 3. Dividends   \$ \_\_\_\_\_
- 4. Net income (or loss) from business/farm                         \$ \_\_\_\_\_  
 If negative, enter amount in parentheses
- 5. All other taxable income    \$ \_\_\_\_\_



- 6. Adjustments to income \$ \_\_\_\_\_
- 7. Untaxed social security benefits received \$ \_\_\_\_\_
- 8. All other taxable income - child support, veteran's benefits, housing allowances, public assistance, etc. \$ \_\_\_\_\_
- 9. U.S. income tax paid \$ \_\_\_\_\_
- 10. State and local taxes \$ \_\_\_\_\_
- 11. IRS itemized deductions \$ \_\_\_\_\_
- 12. Mental and dental expenses not covered by insurance \$ \_\_\_\_\_
- 13. Other unusual expenses (list kinds and amounts in remarks section) \$ \_\_\_\_\_
- 14. Total number of exemptions claimed on the Adult applicant or Minor parents/guardian's U.S. tax return for 2019: \_\_\_\_\_
- 15. Total size of the Adult applicant or Minor applicant parent's household during 2020-2021 will be: \_\_\_\_\_
- 16. Please provide a copy of the Adult applicant or Minor applicant parent/guardian's income tax return for 2019.

Remarks:

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**CERTIFICATION:**

I declare that the information reported on this form is true, correct and complete. I agree that to verify information reported on this form, I will, upon request, provide an official copy of my state or U.S. income tax return for the year(s) requested by the NBRPA.

I further agree to provide, if requested, any other official documentation necessary to verify information reported. I waive any claims against the NBRPA, NBRPA Marketing, Inc., their employees, officers, and directors regarding this application.

Applicant or Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL FORMS MUST BE RECEIVED BY FRIDAY, MAY 29, 2020 IN ORDER FOR THE APPLICATION TO BE CONSIDERED.**

**Mail to: National Basketball Retired Players Association  
Attn: Cameron Ballard  
175 W. Jackson Blvd, Suite 1600  
Chicago, IL 60604**

**ONLY COMPLETED APPLICATIONS WILL BE GIVEN CONSIDERATION**