

Scholarship Application

Parent/Guardian Name:		
Contact Phone:		
Child Name:	Grade:	School:
What activity are you reques	ting a scholarship for?	
		(uniforms, etc.)applied for their scholarship? YES NO
Amount they offer?	How much will you owe afte	er other scholarships are paid?
What date is the balance due	e by?: Wher	n does activity start?
	ees? (name, address & phone nur	<u> </u>
		MUST BE SUBMITTED WITH A REFERENCE
reimbursment for fees that he will be considered for review	nave already been paid. This form	not to the parents. We do not provide m must be completely filled out before it scholarship:
Parent Signature		Date
	FOR OFFICE USE ONLY	
Date Application Received	Received By	Date Approved
Amount Paid	Date Paid	Check Number
Notes:		