



Middle School Sports Scholarship

Student Name _____ Date _____

Address _____ City, St, Zip _____

Home phone _____

Parent/Guardian _____

Contact phone _____ Alternate phone _____

Participation fee \$55 per sport

Note: There are a limited number of scholarships available. This form is a request for scholarship.

Please fill out the amount you are able to pay _____

Upon review of the scholarship form, parent/guardian will be notified and registration payment is needed to participate.

Total Household Monthly Net Income* _____ How many members in household? _____

**Monthly Household Income (includes all income of all household members): Salary, Social Security, Public Assistance, Child Care Assistance, Unemployment Insurance, Child/Spousal Support, Pension/Retirement, and other sources of income combined.*

PLEASE READ THE FOLLOWING BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary to arrive at a qualification decision for the *Middle School Sports Scholarship*.

Signature _____ Date _____

Office Use Only

Received by _____ Date received _____ Amount approved _____ Date approved _____

Authorized Signature: _____