



Scholarship Request

Date _____

Participant Name: _____ M F

(Optional) Ethnicity- Please Circle:

Asian / Polynesian / African American / Hispanic / Native American / White / Other _____

Part A:

Activity: _____ Age/Grade _____

Scholarship amount requested: \$ _____

Can you pay a portion of the fee?

Yes _____ \$ _____ No _____

Have you received a scholarship in the past year?

No _____ skip part B, **Yes** _____ fill out Part B

Part B: Participant _____

Activity _____ Approx. Date/Month _____

Have you had a change in income or household members since your last request?

No _____ Yes _____ (fill out back of form with changes)

I certify that all information on this application is true and that all income is reported. I understand that if I purposely give false information, I may be required to return and/or repay the scholarship benefits used by my family.

Parent/Guardian

Signature _____ Print Name _____

Mailing Address _____

DayPhone _____ EveningPhone _____

E Mail _____

