



2024 SCHOLARSHIP APPLICATION

Section 1 (Parent/Guardian Information)

Parent/Guardian Name _____ Phone (H) _____
 Home Address _____ (W) _____
 City _____ Zip _____ (C) _____
 E-Mail Address _____
 Place of Employment _____

Section 2 (Child Information)

Children for whom scholarships are being requested:

Child's Name	Age (As of March 1 st)	Sex
_____	_____	M F
_____	_____	M F
_____	_____	M F

Section 3 (Documentation of Request)

Scholarship requested for each child above: \$30 (Pay \$30) \$40 (Pay \$20) \$50 (Pay \$10)

Please document reason for scholarship request:

Section 4 (Scholarship Committee Review)

For Internal Use Only

Scholarship Approved Denied

Amount approved	_____
Signature	_____
Date	_____