



Athletic Scholarship Application

Scholarships may be requested by young women in grades 6-12 who are currently participating in a local athletic program or club within Oregon Trail School District boundaries. Funds may be requested for participation fees, equipment, team uniform and/or other essential clothing/shoes.

Scholarship Process as Follows:

1. Complete entire application form
 - a. Attach receipts of items already purchased. Receipts are a requirement before scholarship is paid.
 - b. If items have not been purchased, obtain an estimate of cost for from your coach and describe below; attach a second sheet if necessary.
2. Turn completed application into your coach or school office.
3. Applications will be reviewed by the Oregon Trail Education Foundation Board of Directors. Please allow at least two weeks for application review and approval.
4. Athletic Director will contact coach or parent directly regarding approval and disbursement of scholarship funds. Participation fee requests are paid directly to the school.

Athlete's name: _____

Address: _____ Phone #: _____

School: _____ Grade: _____

Sport/Club: _____

Total amount requested: \$_____ (Total from back of application)

Athlete Signature: _____ **Date:** _____

Parent Name (Printed): _____ **Date:** _____

Phone Number: _____

Parent Signature: _____ **Date:** _____

Coach signature: _____ **Date:** _____

Athletics Director Signature: _____ **Date:** _____

Approved AD Participation fee Amount Paid by School \$_____

RGR Check Due to School: \$_____ RGR Check Due to Applicant \$_____

Oregon Trail Education Foundation, PO Box 1312, Sandy, OR 97055

OFFICE ONLY: Date Received _____ Receipts Received & Attached: [] Date Paid & Check # _____

Notes: _____



Page two – Item Listing

<u>Item</u>	<u>Amount</u>	<u>Due to School</u>	<u>Due to Parent/Guardian</u>
Participation Fee:	\$ _____	[]	[]
Uniform	\$ _____	[]	[]
Team Sweats	\$ _____	[]	[]

Other Items Requested:

_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]
_____	\$ _____	[]	[]

Receipts must be attached when turning in application

Thank you

OFFICE ONLY: Date Received _____ Receipts Received & Attached: [] Date Paid & Check # _____

Notes: _____