

DEXTER COMMUNITY SCHOOLS

ATHLETIC SCHOLARSHIP APPLICATION

Name of Parent/Guardian: _____

Application Requested By:

Parent: _____

Email Address: _____

Staff: _____

Contact Number: _____

Coach: _____

Address: _____

City: _____ Zip: _____

Name of athlete: _____ School: _____ Grade: _____

Total household monthly income from all sources including wages, public assistance, social security, ect.

\$_____ per month

Number of persons living with the athlete listed above: _____

Does any special situation exist which makes the family expenses greater than normal?

Yes: _____ No: _____

If you answered yes, please explain:

I hereby make application for the athletic scholarship for:

Sport: _____ 1st, 2nd or 3rd Sport: _____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I GIVE THE DEXTER COMMUNITY SCHOOL DISTRICT PERMISSION TO VERIFY ANY INFORMATION NECESSARY TO VALIDATE THIS APPLICATION.

Parent/Guardian Signature: _____ Date: _____

PLEASE EMAIL OR FAX FORM TO: lacombeh@dexterschools.org or 734-424-4251.

School Action: Approved: _____ Not Approved: _____

Full Scholarship (amount): _____ Partial Scholarship (amount): _____

Signature of Athletic Director: _____ Date: _____

This information is confidential and the privacy of the applicant is strictly observed.