

Scholarship Assistance Request Form

Date of application: _____

Player Name: _____

Parent/Requestor Name: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

What is the annual household income? \$ _____ Household Size: _____

What % of scholarship are you requesting? 25% 50% 75% 100%

Do you receive or qualify for the Free and Reduced Lunch Program? YES NO

Please explain your request/circumstances:

The MGSA Board will review your application and determine if you qualify for a scholarship. Please make sure all information is complete and correct. All personal information that you are required to provide will be kept confidential within the Board of Directors.

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes MGSA to obtain verification of all the information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct. I am aware that if I am awarded financial assistance, I am required to participate in at least 1 volunteer opportunity this season. I am aware that approval of assistance is for only one season and if needed I am responsible for reapplying.

Parent /Guardian (Print): _____

Parent / Guardian Signature: _____

Employer: _____

Parent Guardian (Print): _____

Parent /Guardian Signature: _____

Employer: _____