

Participation Fee Scholarship Application

Completed forms should be turned into high school athletic office

A. General information

Student

First Name: _____ Last Name: _____

Home Address:

Street: _____

City: _____ Zip: _____ E-mail: _____

Parent(s)/Guardian(s)

First Name: _____ Last Name: _____

Home Address:

Street: _____

City: _____ Zip: _____ E-mail: _____

Phone:

Cell: _____ Work: _____ Home: _____

First Name: _____ Last Name: _____

Home Address:

Street: _____

City: _____ Zip: _____ E-mail: _____

Phone:

Cell: _____ Work: _____ Home: _____

B. Application

Does your student qualify for Free and/or Reduced Lunch?

*Yes

No

*This information will be kept private, but verified with the APS Food Service Department

Please provide a brief description of the circumstances that you believe may make you eligible for scholarship
