

Saline Area Schools Athletic Scholarship Application

Name _____ Application request by: Parents _____
Parent or Guardian Teachers _____

Student Name School Grade

Address _____
Street City Zip

Participate in the free or reduced lunch program? _____ Yes or _____ No

NOTE: If you check "No" above, you are not eligible for this scholarship.

Total household's monthly income from all sources including wages, public assistance programs, Social Security, etc.
\$ _____

Number of persons in family, including the student listed above? _____

Do any special situations exist which makes the family expenses greater than normal? _____ Yes _____ No

If yes, please explain:

I hereby make application for athletic scholarship for _____
Name of sport

I certify that all of the above information is true and correct to the best of my knowledge and belief. I give the Saline Area Schools District permission to verify any information necessary to validate this application.

Signature of Parent/Guardian Date

School Action: Approved _____ Not Approved _____

Date Athletic Director

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

Return to parents upon action:

The application for an athletic scholarship is: Approved _____
Amount approved _____

Date _____

Name _____

Title _____

Signature _____