

SLOPOA YOUTH SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Sex:

Grade:

Current address:

City:

State:

ZIP Code:

Phone:

E-mail:

PARENT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Parent Signature:

Date:

REFERRAL (IF APPLICABLE)

Referral made by:

Referring Organization:

DESIRED ACTIVITY TO BE FUNDED

Description:

Reason(s) for funding: tuition / lessons / supplies / equipment / other:

Term / Frequency: one time / ____ hours / ____ days / ____ weeks / ____ months

Miscellaneous Information:

VENDOR INFORMATION

Vendor:

Make Check Payable to:

Phone No

Vendor Contact Person:

E-mail:

Address:

City:

PARENT ACKNOWLEDGEMENT

I authorize the verification of the information provided on this form. I authorize funding for my child in the described activity.

Parent Signature:

Date:

FOR SLOPOA USE ONLY

Scholarship Award Date:

Awarded By (SLOPOA Member):

Method of Award Delivery: USPS / Public Ceremony / Media Notification

ACCOUNTABILITY REPORT

Scholarship recipient attended at least 80% of the program as described above: YES / NO

Notes:

“Teach our youth to dream big, enjoy their journeys, and to never, ever, give up” – Matt Scoggin