



Scholarship Fund Application

Date: _____

Parents' Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Child's Name: _____

Program Applying For: _____ Amount Applying For: _____

Sports your child(ren) plan to participate in this year _____

Sports your child(ren) have participated in the previous year _____

Have you previously applied for Scholarship Funding: _____ Date applied: _____

Did you receive Scholarship Funding: _____ If yes, what was the amount: _____

Annual Household Income from All Sources: _____

Number of other children in household: _____

Please provide all information that you wish the Board to consider regarding your Application:

I/we understand and agree that all information in this form will be reviewed first by the TASK Scholarship Committee and then will be passed on to the Board of Directors for approval. All information will remain confidential. The Board will review your application and make a decision at its discretion based on the information you have provided. I/we have included all information that I/we wish the Scholarship Committee and Board to consider in making a decision on this application.

Parent/Guardian please sign: _____

Applicant(s)

Date: _____

Office Use Only
Date Received _____
Date Board Approved/Denied _____