

Whiteford Agricultural Schools
ATHLETIC SCHOLARSHIP APPLICATION

To allow for processing, please have this form completed and turned in at least one week prior to the season beginning

Name _____
Parent/Guardian Student Grade

Address _____
Street City Zip

- Participate in the free or reduced lunch program? ___ Yes or ___ No
- Total household's monthly income from all sources including wages, public assistance programs, Social Security, etc. \$ _____
- Number of person in family, including the student listed above? _____
- Do any special situations exist which makes the family expenses greater than normal? ___ Yes or ___ 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 correct to the best of my knowledge.

Signature of Parent/Guardian Date

NOT APPROVED _____

APPROVED _____

AMOUNT APPROVED: FULL \$ _____

PARTIAL \$ _____

Athletic Director Date

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