

Scholarship Request

Please Print

Participant	Rate	Amt you can pay	Subsidy Requested
1			
2			
3			
4			
TOTAL			

Parent / Guardian _____

Address _____

Home Phone _____

City _____ Zip _____

Cell Phone _____

E-mail address _____

Are you or any children in your home enrolled in a private school or involved in classes, lessons, activities, fitness clubs, etc., which require payment? Yes _____ No _____

If yes, please indicate the nature of the expense and the monthly cost of each.

Name	Activity	Monthly Cost

Are you trying to reduce expenses in any of the above activities as well? Yes _____ No _____

Do you anticipate any major expenditures in the near future? Yes _____ No _____ If yes, please explain.

Signed _____

Date _____

Your request will be sent to the Riptide Booster Club Board Members for review and you will be promptly notified of the decision.