

DEXTER COMMUNITY SCHOOLS ATHLETIC SCHOLARSHIP APPLICATION



Name of Parent/Guardian: _____

Email Address: _____

Phone Number: _____

Address: _____

City: _____

Zip: _____

Name of Athlete: _____

School: _____

Grade: _____

Application Requested by:

(please initial)

Parent: _____

Staff: _____

Coach: _____

ELIGIBILITY VERIFICATION:

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

Parents may use free/reduced lunch status to streamline their athletic scholarship application but are not required to do so. Would you like to use free/reduced lunch status to verify eligibility for Athletic scholarship funds? **Check one:** **yes** **no**

If you do not wish to use free/reduced lunch status to verify athletic scholarship eligibility, please answer the following questions:

- Total household monthly income from all sources including wages, public assistance, social security, etc. \$ _____ per month
- Number of persons living with the athlete listed above: _____

If any special situation exists that make the family expenses greater than normal, please explain:

I hereby make application for the athletic scholarship for:

Sport: _____

1st, 2nd, 3rd Sport: _____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I GIVE THE DEXTER COMMUNITY SCHOOL DISTRICT PERMISSION TO VERIFY ANY INFORMATION NECESSARY TO VALIDATE THIS APPLICATION.

Parent/Guardian Signature: _____

Date: _____

PLEASE EMAIL OR FAX FORM TO: stollj@dexterschools.org or fax# 734-424-4251.

School Action: Approved: _____ Not Approved: _____ Full Scholarship (amount): _____

Signature of Athletic Director: _____ Date: _____