



Financial Scholarship Application

Applicant Information

Parent/Guardian

Name:

Student Name:

Home Phone:

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Email: _____

Grade/ History

Teacher _____

Scholarship Information

The Jaguar Players Booster Club, Inc. will select scholarship recipients who are enrolled at Aprende Middle School, qualify to enroll in after school activities, comply with any and all requirements for participation set by the Kyrene School District and State of Arizona, and who complete this application in full. Full, half, and partial scholarship may be awarded based on individual need and amount of appropriated funds. Parents/Guardians will be notified if their child is awarded a scholarship within 30 days of the application deadline.

Applying for:

Full Scholarship (\$50)

Partial scholarship: Amount \$ _____

My family qualifies for free/reduced lunch: Yes No

Please provide an explanation why your student is in need for the scholarship you are applying for.

I attest that all the submitted information on this application is honest and true. If awarded a scholarship, I understand the payment of funds will be made on my behalf and not directly to my child or myself. I understand the terms and conditions of the Jaguar Players Booster Club Financial Scholarship.

Parent/Guardian Signature

Date