

Minnesota Flyers Gymnastics **Scholarship Application**

Circle the recreation session or 3 month team period for which you are applying for scholarship funds!

RECREATION SESSION: Fall Winter Spring Summer I Summer II **Year:**

TEAM: SEPT/OCT/NOV DEC/JAN/FEB MARCH/APRIL/MAY JUNE/JULY/AUGUST **Year:**

Your scholarship application is confidential and will be reviewed by the Scholarship Committee. Scholarships will be decided using the Independent School District 22 income scale for free and reduced lunches. Scholarships awarded depend on available scholarship funds. Submit completed application to our front desk **1 month prior** to the start of the class session or 3 month team period for which you are requesting a scholarship. Those class gymnasts receiving a scholarship may be placed in their second choice class if their first choice is full. Class gymnasts may reserve a day and time by paying 50% of the class fee while their scholarship is being processed. If you have any questions call Judy at 847-3637.

First Child	Child's Name _____	Age _____	Grade _____
	Class or Team: <i>(circle one)</i>	Parent and Tot Teens Mini Flyers	Tykes Adv. Beg / Int / Adv Training Team
		Tykes II Boys Competitive Team	Beg/Beg II High School
	Cost of Class (per session) or Team Monthly tuition x 3 month (no meet fees):		
Desired Class Day and Time:			
1st Choice Day _____ Time _____		2nd Choice Day _____ Time _____	

Second Child	Child's Name _____	Age _____	Grade _____
	Class or Team: <i>(circle one)</i>	Parent and Tot Teens Training Team	Tykes Adv. Beg / Int / Adv Competitive Team
		Tykes II Boys Competitive Team	Beg/Beg II High School
	Cost of Class (per session) or Team Monthly tuition x 3 month (no meet fees):		
Desired Class Day and Time:			
1st Choice Day _____ Time _____		2nd Choice Day _____ Time _____	

COMBINED TOTAL FOR BOTH* CHILDREN (*Use 2 forms if you are requesting scholarship funds for more than 2 siblings and write COMPETE TOTAL HERE) \$

Father's Name _____ Phone _____

Address _____

Mother's Name _____ Phone _____

Address _____

Who is responsible for the child(ren)? _____

Total **gross** monthly income? _____ Number of family members supported by this income _____

Are there extenuating circumstances that you would like us to know about that may help in the evaluation process?
Please describe (continue on the back side if more room is required).

Signature _____

Date _____

Office Only	<input type="checkbox"/> Awarded \$ _____ Balance Due from Family \$ _____	<input type="checkbox"/> Send Results Letter to Parents <input type="checkbox"/> Update Registration Forms
	<input type="checkbox"/> Denied; Reason _____	