

GALLATIN GATEWAY SCHOOL ATHLETIC SCHOLARSHIP APPLICATION

School Year: _____ Sport: _____

Athlete Name: _____

Athlete Grade: _____

Scholarships are available on a need basis. Please provide a brief description of why your athlete would be a good candidate for an athletic scholarship.

Are you able to put any money towards the athletic fee? _____

If yes, how much? _____

If a scholarship is granted, we ask that you as the athlete's guardian, sign up for at least four shifts of working the score table to help offset the scholarship cost. The athletic director will assist you with scheduling.

Parent Name: _____

Parent Signature: _____ Date: _____

Office Use Only

Date Received: _____

Application for FRL Completed: _____

Decision: Approved/Denied

Parent Notified: Yes/No

Scholarship Amount: \$ _____

Signed up for score table: Yes/No

Dates: _____