



YOUTH PROGRAM SCHOLARSHIP APPLICATION

(All information requested on this form will be held in strict confidence.)

Name (Athlete) _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Phone _____

School _____ Grade _____

Email Address _____

Name of Parent or Guardian _____

Address _____ Phone _____

Email Address _____

Relationship to Scholarship Candidate _____

Scholarship Amount Requested \$ _____

All scholarship recipients must pay a minimum amount (to be determined and based upon ability to pay) and donate volunteer time equal to the amount of the scholarship. \$25 = 1 hour of volunteer time.

Signature _____ Date _____

Please use the area below (or a separate sheet) to write a brief statement outlining the reason you are requesting this scholarship.

Please indicate your volunteer availability. (Days/times/abilities/skills)

Return this application to:

Jeffrey Coy – director@rowhuntsville.com

Once the application has been received and reviewed you will be contacted with the amount of the scholarship available for your athlete. Please direct questions to Jeffrey Coy – Director - 256-289-3359

Office Use below:

Scholarship Amount Awarded: _____ Period Covered _____

Date _____ Approved by _____

