

**ATHLETIC BOOSTER CLUB**

***Scholarship Request Form***

Date of Submission: \_\_\_\_\_

Student Name: \_\_\_\_\_ Graduating Class: \_\_\_\_\_

School Year (YYYY-YYYY): \_\_\_\_\_ Sport: \_\_\_\_\_

Total Fees Amount: \_\_\_\_\_ Scholarship Amount Requested: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Section below to be completed by Booster Club President\***

Approved:  Denied:

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ABC President Signature: \_\_\_\_\_ Date: \_\_\_\_\_