



Blanchester Schools Foundation

951 Cherry Street ♦ Blanchester, OH 45107

foundation@blan.org

FALL 2020 PAY-TO-PARTICIPATE SCHOLARSHIP APPLICATION

Student's First Name _____ Last Name _____

Street Address _____

City, State, Zip _____ Student's Phone Number _____

Parent/Guardian's Name(s) _____ Phone Number _____

Sport(s) that you play this season _____ Cumulative GPA _____

Do you participate in the free or reduced lunch program? YES NO

Scholarship Amount requested _____

Please share the reason you are requesting financial assistance. _____

Please read and check the box below.

- My signature, along with this completed application, is a commitment to participate fully in this sport during the entire season to the best of my ability. If I receive the scholarship but do not finish the season I may be required to pay back the scholarship fund the amount of money I received.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Coach's Signature _____ Date _____

*For the fall 2020 season, please submit this completed application to the athletic director no later than **August 5th.***

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