



# Blanchester Schools Foundation

951 Cherry Street ♦ Blanchester, OH 45107

foundation@blan.org

## WINTER 2020-2021 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 Winter 2020-2021 season, please submit this completed application to the athletic director no later than November 9th.*

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