

# GFYHA Scholarship Application

## Parent Information

Name:	Home Phone:
Address:	Work Phone:
City:	Cell Phone:
State:	Email:
Zip:	

## Child Information

Names and birthdates of all children in household under age 18	

**Programs-** Scholarships are for ¼ of the program fee. If your need is greater, you must speak with the GFYHA Director.

___ Termites/Mites/8U	___ Squirts/10U
___ Peewees/12U	___ Bantams/15U
___ Other	

Do you qualify for the reduced lunch program with the Grand Forks Public Schools?

\_\_\_ Yes \_\_\_ No

Please provide any other information that would qualify you for a scholarship:

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## Our Policy

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am approved for a scholarship, any false statements, omissions, or other misrepresentations made by me on this application may result in the termination of the scholarship.

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