

2HYM Activity Scholarship Application

CONFIDENTIAL

Please complete the following and return to Matt Wilber.

Student Name: _____ Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____ Grade: _____

I am asking for assistance for

(Event name)

The total cost of this event is \$ _____ and I am requesting:

- Partial Scholarship of \$ _____
- Full Scholarship

Comments:

For office use only

Approved amount: _____

Financial giver code: _____