



T-BIRD FINANCIAL AID SCHOLARSHIP APPLICATION

FOOTBALL / CHEER

DIVISION: _____

AMOUNT OF SCHOLARSHIP REQUESTED: _____

ATHLETE NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

STATEMENT OF FINANCIAL NEED (Include additional pages/documents if needed)

Note: Board can only make a decision on the application if demonstrated financial need is shown

- ☐ I certify and affirm that the above information is true and complete to the best of my knowledge
- ☐ I understand that T-birds is a non-profit organization that will do its best to provide financial aid, but scholarships are not guaranteed and are subject to funds availability
- ☐ By applying for a scholarship, I understand that I will be required to assist with fundraising by fulfilling 4 additional volunteer hours

Signature: _____ Date: _____

Confidentiality: Information on this application will be kept strictly confidential and will only be used by the board to determine financial need.