



### ***Athletic Scholarship Application***

Scholarships may be requested by young women in grades 6-12 who are currently participating in a local athletic program or club within Oregon Trail School District boundaries. Funds may be requested for participation fees, equipment, team uniform and/or other essential clothing/shoes.

Scholarship Process as Follows:

1. Complete entire application form –**FRONT & BACK**
  - a. Attach receipts of items already purchased. Receipts are a requirement before scholarship is paid.
  - b. If items have not been purchased, obtain an estimate of cost for from your coach and describe below; attach a second sheet if necessary.
2. Turn completed application into your coach or school office.
3. Applications will be reviewed by the Oregon Trail Education Foundation Board of Directors. Please allow at least two weeks for application review and approval.
4. Athletic Director will contact coach or parent directly regarding approval and disbursement of scholarship funds. Participation fee requests are paid directly to the school.

Athlete's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport/Club: \_\_\_\_\_

Total amount requested: \$\_\_\_\_\_ (Total from back of application)

**Athlete Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Coach signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athletics Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved AD Participation fee Amount Paid by School \$\_\_\_\_\_

RGR Check Due to School: \$\_\_\_\_\_ RGR Check Due to Applicant \$\_\_\_\_\_

OFFICE ONLY: Date Received \_\_\_\_\_ Receipts Received & Attached: [ ] Date Paid & Check # \_\_\_\_\_

Notes: \_\_\_\_\_



***Page two – Item Listing***

<b>Item</b>	<b>Amount</b>	<b>Due to School</b>	<b>Due to Parent/Guardian</b>
Participation Fee:	\$ _____	[   ]	[   ]
Uniform	\$ _____	[   ]	[   ]
Team Sweats	\$ _____	[   ]	[   ]

**Other Items Requested:**

_____	\$ _____	[   ]	[   ]
_____	\$ _____	[   ]	[   ]
_____	\$ _____	[   ]	[   ]
_____	\$ _____	[   ]	[   ]
_____	\$ _____	[   ]	[   ]
_____	\$ _____	[   ]	[   ]

**Receipts must be attached when turning in application**

Thank you

OFFICE ONLY:   Date Received \_\_\_\_\_   Receipts Received & Attached: [   ]   Date Paid & Check # \_\_\_\_\_

Notes: \_\_\_\_\_