



# THERMAN GRAY MEMORIAL SCHOLARSHIP FEE ASSISTANCE PROGRAM

## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_

Participant Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## ACTIVITY BEING APPLIED FOR

Activity Title: \_\_\_\_\_

Activity #: \_\_\_\_\_

## ELIGIBILITY REQUIREMENT

Please check all that apply and attach proof of eligibility:

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance For Needy Families (TANF)
- Special Supplemental Nutrition Program For Women, Infants and Children (WIC)
- Free or Reduced Price Lunch
- Other, please explain: \_\_\_\_\_

I attest that the information that I have provided is true and accurate to the best of my knowledge. Providing inaccurate information will lead to disqualification of scholarship funds.

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

### OFFICE USE ONLY

HH Name: \_\_\_\_\_ HH #: \_\_\_\_\_ Approved By: \_\_\_\_\_ Amount (\$): \_\_\_\_\_

Activity #'s: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Date Entered: \_\_\_\_\_