



Minnesota Flyers Gymnastics Scholarship Application

FIRST	Child's Name _____ Age _____ Grade _____
	Rec Classes- Desired Class Day and Time: 1st Choice Day _____ Time _____ 2nd Choice Day _____ Time _____
	Current Team Level: _____ COST: _____
SECOND	Child's Name _____ Age _____ Grade _____
	Rec Classes- Desired Class Day and Time: 1st Choice Day _____ Time _____ 2nd Choice Day _____ Time _____
	Current Team Level: _____ COST: _____
THIRD	Child's Name _____ Age _____ Grade _____
	Rec Classes- Desired Class Day and Time: 1st Choice Day _____ Time _____ 2nd Choice Day _____ Time _____
	Current Team Level: _____ COST: _____
COMBINED TOTAL FOR ALL* CHILDREN	
(*Use 2 forms if you are requesting scholarship funds additional children)	
TOTAL COST: _____	

Your scholarship application is confidential and will be reviewed by the Scholarship Committee. Scholarships will be decided using the Independent School District 22 income scale for free and reduced lunches. Scholarships awarded depend on available scholarship funds. Submit completed application to our front desk **2 WEEKS PRIOR** to the start of the class session or 3 month team period for which you are requesting a scholarship. Those class gymnasts receiving a scholarship may be placed in their second choice class if their first choice is full. Class gymnasts may reserve a day and time by paying 50% of the class fee while their scholarship is being processed. If you have any questions call Judy at 847-3637.

Father's Name _____	Phone _____
Address _____	City _____ State _____ Zip _____
Mother's Name _____	Phone _____
Address _____	City _____ State _____ Zip _____
Who is responsible for the child(ren)? _____	
Total gross monthly income? _____ Number of family members supported by this income _____	
Are there extenuating circumstances that you would like us to know about that may help in the evaluation process? Please describe (continue on the back side if more room is required).	
_____ _____ _____	
Signature _____	Date _____

SCHOLARSHIPS ARE GOOD FOR 1 REC SESSION OR 1 TEAM QUARTER (Jun, Sept, Dec, Mar)

OFFICE USE	Total Income: _____ Total Family Members: _____ Income Guidelines: _____
	<input type="checkbox"/> Scholarship Awarded: \$ _____ DATE: _____ Staff Initials: _____
	<input type="checkbox"/> Denied; Reason: _____
	<input type="checkbox"/> Send Results to Parents
	<input type="checkbox"/> Update Registration Forms
Balance Due From Family\$ _____	