

RED WING – INDEPENDENT SCHOOL DISTRICT #256

**ATHLETIC / ACTIVITY SCHOLARSHIP APPLICATION**

**ALL INFORMATION IS CONFIDENTIAL**

Any questions or concerns can be directed to the Athletic Director at 651-385-4691.

Date of Application: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: 12 11 10 9 8 7 6

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

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Activity: \_\_\_\_\_ Coach: \_\_\_\_\_

Yes No Are you currently enrolled in the school district Free and Reduced Lunch Program?  
 (please provide a copy of the letter stating this, if you need a new one, contact Brent Lexvold)

Yes No In order for the district to keep accurate numbers, it is important for those who qualify to fill out  
 the Free / Reduced Lunch paperwork. Would you like additional information?

Yes No Is there any unusual financial or family situation that you or your family is currently  
 experiencing? Please explain briefly:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Parent or Guardian: I fully understand and agree to the terms in the above scholarship application.*

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

Student Participant: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Activities Director: \_\_\_\_\_



Scholarship Awarded Full: Yes No Partial: Yes No Amount Awarded\$ \_\_\_\_\_

Special Notes or Arrangements: \_\_\_\_\_