

WEE EAGLE
SCHOLARSHIP APPLICATION

Name of Child: _____

Child's Age: _____

Child's Grade: _____

Activity/Sport for Scholarship Request: _____

Parent's / Guardian's Names: _____

Parent's / Guardian's Home Address: _____

Contact Phone Number: _____

Email Address (if available): _____

Number of Brothers and Sisters: _____

Age of Brothers and Sisters: _____

Are any Brothers and Sisters involved in Wee Eagle Activities: YES / NO

Amount of Scholarship Request: _____

Please provide a brief explanation of why a scholarship is being requested:
