



Youth Scholarship Application FORM B

Date _____

Father's Name _____ Mother's Name _____

Name of Parent/Guardian completing application _____

Address _____

City _____ Zip _____ Phone _____

Email _____

List dependents applying for scholarship (*18 years and younger*):

Name	Birthdate	Activity Name and Program Code (For which you are applying for now. <i>Note: Each child may receive one scholarship per brochure during each fiscal year.</i>)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I verify that all information in my previously completed application is still true and accurate to the best of my knowledge and belief. I understand that I must be a Zeeland Public School District resident in need in order to apply for this scholarship and I give my permission and authorize Zeeland Recreation officials to verify information on this application.

Signature of Applicant _____ Date _____

For Office Use Only:

Date original application was completed and approved _____

Verify child(rens) eligibility

Notes: