



## RECREATIONAL/EXTRACURRICULAR SCHOLARSHIP REQUEST

### NOMINATOR INFORMATION

First and Last Name: \_\_\_\_\_

Agency: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_

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

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

**RECOMMENDATION STATEMENT** (Please write a brief statement as to why you are recommending your youth to be considered to receive an extracurricular/recreational scholarship with information about the youth, their situation, and why you believe they deserve this scholarship.):

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### APPLICANT (YOUTH) INFORMATION:

First and Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

Guardian Name (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

System Involved Youth (mark one):

Probation  Foster Care  At Risk (specify) \_\_\_\_\_

If yes, case number: \_\_\_\_\_

Social Worker/Case Worker/PO Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION OF THE RECREATIONAL/EXTRACURRICULAR ACTIVITY** (Please write a brief description of the activity):

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Vendor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Cost of Activity: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Payment Process (all payments will be made directly to the vendor):  Check  Online Payment

**APPLICANT STATEMENT** (What impact would participating in this activity have on your life):

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