

Glenvar Youth Boosters Scholarship Program

Child's Full Name: _____

Name of Sport for Scholarship: _____

Date of Birth: _____

Parent's Full Name(s): _____

Parent's Address(s): _____

Contact Information: _____

Glenvar Youth Boosters Scholarship Program is designed to assist individuals to participate in recreational sports who would otherwise be excluded due to financial considerations. Glenvar Youth Boosters relies on volunteers to maintain its ability to provide these services to the children. Glenvar Youth Boosters requires a minimum of 3 hours to a maximum of 6 hours of volunteer time to assist us continue this scholarship program. Please provide the following information to be considered for Scholarship.

Family's yearly income: (please provide monthly average if income varies) _____

Mother's Place of Employment: _____

Father's Place of Employment: _____

Reason for Application: _____

Family willing to Volunteer (Yes/No) _____

If No, Please Provide Reason(s) _____

I agree as a Parent(s) that all the information provided is true and accurate by my signature.

Parent(s) Signature _____ Date _____

GYB will maintain all information included confidential except to the Scholarship Selection Committee.

Please mail completed application to:

Scholarship Committee

Glenvar Youth Boosters

P. O. Box 1923

Salem, VA 24153