

## Peninsula High School Application for Scholarship



Last Name   First Name   For Stame   For Grant Reporting Purposes Only - Not used in determining eligibility.   Ethnicity:   Gender:   Free   Reduced	Student Name						Application Date	<u> </u>
Ethnicity: Gender: Grade: Free Reduced  Briefly describe the situation or reasoning for the scholarship:  Please Complete the Worksheet Below  Original Amt Will Pay Scholarship  ASB Card \$ 50.00 \$ \$ \$  Pay-to-Play For: \$ 100.00 \$ \$  Pay-to-Play in not waived for keec/Reduced Students  Class Fee/Pay-to-Play Other** \$ \$ \$  Class Gender of: S \$				i hazır	First Name	eligihility	Lune	ch Status
Briefly describe the situation or reasoning for the scholarship:    Please Complete the Worksheet Below	Ethnicity:							
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ASB Card \$ 50.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Please Comp	lete the Worksheet	Below			Amt Student	Net Amount of	
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Pay-to-Play For:  *Pay-to-Play For:  *Pay-to-Play is not waived for Free/Reduced Students  Class Fee/Pay-to-Play Other**  \$ \$ \$ \$  List Class (**Band/Choir are considered Pay-to-Play and DO NOT qualify for a waiver.)  Club/Activity Fee***  \$ \$ \$ \$ \$  List Club or Activity  Other  **Not waived for Free/Reduced Students  List Other  TOTALS  \$ \$ \$  STUDENTS PLEASE NOTE: IF YOU FAIL TO PAY AND/OR SET UP A PAYMENT PLAN WITH THE BOOKKEEPPER FOR YOUR PORTION THEIR A FINE WILL BE ASSESSED ON YOUR ACCOUNT. Initials  Payment Information:  Pay to the order of:  Attention to:  Address:  City, St, Zip:  Date Payment needs to be received by the vendor  Approved By:  Counselor X  Student X  Parent X  Administrator  X		ASB Card		\$	50.00	\$	\$\$	_
Class Fee/Pay-to-Play Other** \$		Pay-to-Play For:		\$	100.00	\$		_
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Student $\frac{X}{X}$ Parent $\frac{X}{X}$ Administrator $\frac{X}{X}$	Ар	•					Date:	
Parent $\frac{X}{X}$ Administrator $\frac{X}{X}$		-						
Administrator X		Student	X					
		Parent	Χ					
InvestED Coordinator X		Administrator	Χ					
	I	nvestED Coordinator	X					<del></del>