

# **Bismarck Gymnastics Academy**

## **Scholarship Application – Recreation Classes**

Our scholarship program is designed for families in need of assistance paying for classes. Scholarship applications are confidential and will be reviewed by the Scholarship Committee. Bismarck Gymnastics Academy uses the Bismarck Public Schools scale for free or reduced lunches as a guideline for income. Scholarship applications must be submitted to our office **1 month prior** to the start of classes. Scholarship forms must be **completely filled out** and include **a copy of your letter for free or reduced lunches**. Scholarships are awarded based on available scholarship funds. Scholarships cannot be applied using the online registration process and must contact our office during registration to enroll in classes.

Parent/Guardian Name(s): \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Total **gross** monthly income: \$\_\_\_\_\_ Number of family members supported by this income: \_\_\_\_\_

Are there extenuating circumstances that you would like us to know about that may help in the evaluation process?  
Please describe (continue on back side if more room is required).

\_\_\_\_\_  
\_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Recreation Session:** (Circle One) Summer I Summer II Fall Winter I Winter II Spring

**Class:** (Circle One) Parent-Tot Tumbling Tots Boys

Girls: Beg / Int / Adv Tumbling: Beg / Int / Adv **Cost of Class:** \$ \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Recreation Session:** (Circle One) Summer I Summer II Fall Winter I Winter II Spring

**Class:** (Circle One) Parent-Tot Tumbling Tots Boys

Girls: Beg / Int / Adv Tumbling: Beg / Int / Adv **Cost of Class:** \$ \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Recreation Session:** (Circle One) Summer I Summer II Fall Winter I Winter II Spring

**Class:** (Circle One) Parent-Tot Tumbling Tots Boys

Girls: Beg / Int / Adv Tumbling: Beg / Int / Adv **Cost of Class:** \$ \_\_\_\_\_

**COMBINED TOTAL FOR ALL CHILDREN:** \$ \_\_\_\_\_

\*If more than 3 children, use additional form and write complete total here.

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**\*\*OFFICE USE ONLY\*\***

\_\_\_\_ Approved Amount: \$ \_\_\_\_\_

\_\_\_\_ Denied Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_ Notification Sent By: \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_ Applied to Account By: \_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_