



sponsored By BRAVERA

Bismarck Gymnastics Academy **Scholarship Application – Team Tuition**

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 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.

Parent/Guardian Name(s) _____ Phone:(____) _____ - _____
Street Address: _____ City: _____ State: _____ Zip: _____

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:** _____
Team Months: (Circle One) Jun/July/Aug Sep/Oct/Nov Dec/Jan/Feb Mar/Apr/May
Team: (Circle One) Competitive Pre-Comp Show Team High School **Tuition Costx3 months:** \$ _____

Child's Name: _____ **Age:** _____ **Grade:** _____
Team Months: (Circle One) Jun/July/Aug Sep/Oct/Nov Dec/Jan/Feb Mar/Apr/May
Team: (Circle One) Competitive Pre-Comp Show Team High School **Tuition Costx3 months:** \$ _____

COMBINED TOTAL FOR ALL CHILDREN: \$ _____

*If more than 2 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: _____

____/____/____