



Bismarck Gymnastics Academy

Scholarship Application – Recreation Classes

sponsored By BRAVERA

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 **2 weeks 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.

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:** _____
Rec. Session: (Circle One) Summer (full) Summer (half) Fall Session Winter Session Spring Session
Class: (Circle One) Parent-Tot Tumbling Tots Hot Shots Rookie
Girls: Beg / Int / Adv **Tumbling:** Beg / Int / Adv **Cost of Class:** \$ _____

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Rec. Session: (Circle One) Summer (full) Summer (half) Fall Session Winter Session Spring Session
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Rec. Session: (Circle One) Summer (full) Summer (half) Fall Session Winter Session Spring Session
Class: (Circle One) Parent-Tot Tumbling Tots Hot Shots Rookie
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: _____