

BSM Event Scholarship Application

Participant Name _____

Street Address _____

City _____ State _____ Zip _____

Grade _____ Date of Birth _____ / _____ / _____

Home Phone Number () _____

Email Address _____

Parent/Guardian Name _____

Event Name _____

Are you seeking a partial, half, or full scholarship?

Partial Half Full

If partial, how much scholarship assistance will you be needing? \$ _____

.....

I, the undersigned, promise, if I am accepted to receive a scholarship, not to withdraw myself or my student from participating in said event unless prohibited by extreme and unavoidable circumstances.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____