



Bemidji Youth Clay Target Association Scholarship Request for Registration Fees

Thank you for your interest in Bemidji Lumberjack Trap. Please complete the following information for the athlete you are requesting a scholarship for. This request will be reviewed and approved by the BYCTA Board Members. Please note that even though you may request a scholarship for the full registration fee, the board may only approve a portion of the dollars based on the operating budget for the upcoming year and the number of other requests that are submitted.

ATHLETE:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ School: _____ Grade: _____

Please Circle: Spring / Fall Year: _____

Amount of Scholarship Requested: Full \$ _____ Partial \$ _____

PARENT/GUARDIAN #1:

First Name: _____ Last Name: _____

Address (if different than the athlete): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PARENT/GUARDIAN #2:

First Name: _____ Last Name: _____

Address (if different than the athlete): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

*Please email the completed request to 1bycta@gmail.com

Bemidji Youth Clay Target Association
PO Box 1042 Bemidji, MN 56619