**OWATONNA GYMNASTICS CLUB (OGC) SCHOLARSHIP REQUEST FORM**

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| --- | --- |
| Gymnast Name | Parent Name |
| Street Address | City, State, and Zip |
| Home Phone | Work/Cell Phone |
| Name of Class/Team | Day(s) of Class (circle at least one)  M T W Th F S |
| Session (circle one)  Fall1 Fall2 Winter Spring1 Spring2 Summer | Year |

**Please complete at least one of the following:**

1. My family qualifies for assistance at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ organization name, including city or county

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number of organization

**- OR -**

2. Other hardship reason if applicable

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*\*The information provided to us will be used only to make a determination on this scholarship request. It will be kept confidential and will not be shared with anyone outside the Gym Director and office personnel, who are making the scholarship determination and recording the funds granted respectively.*

**I hereby grant permission to the OGC to verify my status with the organization named above. Furthermore, I attest to the accuracy and truthfulness of the information given above and acknowledge that the OGC has limited scholarship funds available. I understand there is a designated amount for the Scholarship Fund each session and all scholarships granted will be 25% of total fees for the class in request or 25% of one month of team tuition. If scholarship applications exceed funds, I will be placed on a waiting list. I also understand that assistance applies only to tuition, not leotards, meet fees, camps, etc. Furthermore, I understand that this application is valid for one session only; an application may be re-submitted for subsequent sessions. Finally, I acknowledge that all applications will be considered on a first-come, first serve basis, following approval by the Gym Director.**

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Parent/Guardian Signature Date