

OBSIDAIN MIDDLE SCHOOL
Athletic Reduced Fee Application
Go WOLVES!

All information on this form is confidential.
Financial assistance may be requested for the current athletic season only. Future events will require another form.

Date _____

Student Name _____

Grade in School _____

Sport participating in _____

Name of parent or guardian _____

Phone number, day _____ evening _____

Other student(s) in the Redmond School District who are participating in sports. List below the name, grade and sport.

Please check the appropriate item below and explain if necessary

On free lunch program

On reduced lunch program

Please share any information that you feel may help me to know why a scholarship is needed for the athlete.

The signature below verifies the above information is accurate.

Parent/guardian signature

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OFFICE USE ONLY

Approved _____ reduced fee, please pay \$50.00

Approved _____ partial scholarship, please pay \$75.00

Denied _____ (monthly payments can be arranged with the Athletic Director)