



Scholarship Request Form

Serving the Communities of the Santiam Canyon District 129J

This form will allow for those seeking assistance through Santiam Canyon School District's partnership with local organizations for Sports, Culinary Arts, & CTE Construction/Shop.

CONTACT INFORMATION

PARENT/GUARDIAN NAME: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

ASSISTANCE NEED INFORMATION

GRADE OF STUDENT

6th x

7th x

8th x

9th x

10th x

11th x

12th x

STUDENT'S NAME: _____

AREA OF REQUEST:

EDUCATIONAL

Culinary Arts

CTE Construction/Shop

SPORTS

Football

Volleyball

Basketball (Boys)

Basketball (Girls)

Wrestling (Boys)

Wrestling (Girls)

Baseball

Softball

Track (Boys)

Track (Girls)

Tell us a little about you... (Use a separate sheet of paper if you need more space.)

I understand that by signing below, the information on this application is being shared with an organization in order to assist my family.

Parent/Guardian Signature

Date (Month/day/year)

Please return to:

North Santiam Eagles Aerie #3384

640 SW Broadway ♦ PO Box 604

Mill City, Oregon 97360 ♦ 503-897-3100

Fax: 503-897-6174 ♦ Email: sherri632001@yahoo.com

OFFICE USE ONLY

Date Application Received: _____