

Application for Crook County High School Sports Scholarship

Bank of the Cascades has provided us with grant money to help families that are struggling through these hard economic times. The grant is set up for students that are on free or reduced lunches and are unable to pay their sports participation fee, student insurance, or for safety equipment that is necessary to participate.

Student Name: _____ Grade: _____ Sport: _____

The student qualifies for : _____ Free Lunch*

_____ Reduced Lunch*

***Please sign a "Release of Information" along with this application so that we may check free and reduced status.**

Items that the student and family would like to purchase using grant money: (remember that 15 hours of service will be required for each item)

_____ Sports Participation Fee

_____ Student Health Insurance

_____ Sports Equipment

What equipment is needed: _____

Students receiving grant money will be required to report to the Athletic Director, Facilities Coordinator or Head Coach. In order to earn grant funding students will be required to perform duties for a total of 10 hours. Some of these duties consist of the following but are not limited to:

- Set up and clean up of athletic events
- Keep score at athletic events
- Provide support as needed to coach/AD
- Clean up duties around CCHS campus

By signing this form the student and parent acknowledge that they understand the following conditions:

1. Students will commit to completion of the entire sports season
2. They will complete the required amount of work time necessary
3. Students will meet the academic requirement necessary to participate on the team
4. Students will be free of any discipline serious enough to require a step in the building management plan
5. Students who do not fulfill their obligation will be billed accordingly

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Office Use

Free/Reduced: _____

Approved _____

Declined _____

**CROOK COUNTY SCHOOL DISTRICT
SHARING FREE OR REDUCED PRICE INFORMATION
WITH OTHER PROGRAMS**

Dear Parent/Guardian:

The information you give on the Confidential Application for Free or Reduced Price Meal is only used to determine your student(s) eligibility for Free or Reduced Price meals. **The information may also be used to determine your student(s) eligibility to receive benefits for other programs. For the following programs we must have your permission to share your information.**

Sending in this form will not change whether your student(s) get free or reduced meals.

Signing this waiver is NOT A REQUIREMENT for participation in any school nutrition program.

___ **No! I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of the programs listed below.

If you checked "No", stop here. You do not have to complete or send in this form. Your information will not be shared.

___ **Yes! I DO** want school officials to share information from my Free and Reduced Price School Meals Application with: (Mark each program to which you want information released.)

- ___ Athletics (High School / Middle School)
- ___ Driver Education (High School)
- ___ Thespian Festival (High School)
- ___ Music Instrument Rental (High School / Middle School)

If you marked any or all of the programs listed above, fill out the form below. I understand that I am releasing information (student's name, F/R status, and/or contact information) to only the programs I have marked. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

For more information, call your school.
Return this form to your school.

This institution is an equal opportunity provider.