

**Amigos Booster Club Scholarship Committee**  
**Scholarship Request Form**

Parent Name (s): \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade Level \_\_\_\_\_

Address: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Does your child qualify for free or reduced cost lunch? \_\_\_\_\_

Briefly describe reasons for needing assistance with trip.

Total annual household income reported in 2010? \_\_\_\_\_.

Amount of scholarship needed for your child to go on the trip. \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

Disclaimer- By providing the above information, you consent to and authorize the AGS Amigos Booster Club Scholarship Committee to review and discuss the information between Scholarship Committee members (and the AGS Booster Club Board of Directors when necessary and as determined by the Scholarship committee). You also consent to and acknowledge that Scholarship committee decisions shall be awarded in the committee's sole discretion and submittal of the above information is not a guarantee or promise that a scholarship shall be awarded.