



GABL SCHOLARSHIP REQUEST

Parent/Guardian Printed Name _____

Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Number _____

Cell Phone _____ Email _____

Grade _____ High School Attendance Area _____

School Child Attends _____ Coach _____

SCHOLARSHIP SUPPORT LIMITED TO 50% OF REGISTRATION FEE (Special circumstances may allow for an exception to the 50% limit. GABL Scholarship Committee will review, approve or reject all requests including exceptions and in making that decision may request additional information, a personal interview or both.) **All requests to be kept confidential by GABL and its designees.**

NOTE - In order for your application for scholarship to be considered, you must enclose your portion of the payment with this application. (Cash, Check or Credit Card)

Number of persons in household: Adults _____ Children _____ (list ages: _____)

Children participate in free or reduced school lunch program: ____ Yes ____ No

Household Monthly Income: \$ _____

Reason for Request (please explain in detail and use additional paper if necessary)

Parent/Guardian Signature

Date

GABL Youth Sports Foundation

6740 Antioch • Suite 250 • Merriam, Kansas 66204-1261
Phone: 913/236-8833 • Fax: 913/236-9188 • Website: www.gabl.net