***Alabama 4-H Science School***

***SCHOLARSHIP REQUEST FORM***

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENING PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Alabama 4-H Science School trip costs $200.00 per student for the April 24-28 trips. The 4-H Center requires payment in full, and the school system does not provide funds for this trip. ***\*\*\*It is essential that everyone contribute as much as they can towards the price of the trip.\*\*\****

Scholarship funds are need-based only. They come from money raised by the 7th grade class and from a PTA scholarship fund. The counseling office of Inman Middle School makes the final decision about whether a student is approved for a scholarship. Scholarship approval is based solely upon a student’s lunch status. Students on full pay are not eligible for financial assistance.

Please indicate the level of support you are requesting:

\_\_\_\_\_\_ **Partial Scholarship – Amount Requested: \_\_\_\_\_\_\_\_\_ *(recommended)***

\_\_\_\_ Partial Scholarship ($100.00) I, the undersigned, understand that this form is a scholarship request and does not guarantee that my child will receive a scholarship. I understand that decisions made by the counseling office of Inman Middle School are final.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

-------------------------------------------------------------------------------------------------------

FOR INMAN FACULTY/STAFF USE ONLY (Do not write below this line)

\_\_\_\_\_\_\_ Partial Scholarship Approved – Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ No Scholarship Approved – Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Office Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_