

SCHOLARSHIP APPLICATION CENTRAL OREGON TRACK CLUB

Seeking partial scholarship for (**circle one**): CHEETAH CUB
or MS/HS CHEETAHS

Name of participant(s):

Participant(s) age/grade: School:

If in MS/HS, what is your child's GPA?:

Please list other sports/activities child(ren) participate including extracurricular school sports or clubs outside of school. Is your child receiving a scholarship in these activities?

Briefly tell us the benefit you would like COTC to provide for your child.

Why do you believe you need financial assistance from COTC?

Parent(s)/guardians name(s):

Address:

Phone: E-Mail:

Amount of scholarship requested: \$

I agree to volunteer time to COTC as requested in lieu of payment.

Parent/guardian signature(s)

Mail applications to:

Central Oregon Track Club

Attn: Scholarship application

P.O. Box 323

Bend, OR 97709

E:mail centraloregoncheetahs@gmail.com

NOTE: The information you provide will remain confidential among COTC directors and scholarship committee.