

SAGA Scholarship Application



Section 1: Personal Information

Child's Name _____

Date of Birth _____

Mother's Name _____

Father's Name _____

Address _____
Street City State Zip

Home Phone _____

Cell Phone _____

Email _____

Sections 2: Financial Information

Mother's Employer _____

Monthly Income _____

Father's Employer _____

Monthly Income _____

Additional Sources of Income _____

Expenses: Monthly Mortgage Amount \$ _____ Monthly Utilities \$ _____ Monthly Phone Bill \$ _____

Monthly Credit Card Expenses \$ _____ Monthly Car Expenses \$ _____ Any Additional Expenses \$ _____

Monthly Disposable Income \$ _____ (Subtract Monthly Expenses from Monthly Income)

Please Attach Verifying Financial Information - Last 4 Pay Stubs, Bills, Bank Statement

Section 3: Tell Us Your Story

Please attach a separate sheet of paper with a detailed explanation of why you and your child are deserving of a monthly gymnastics scholarship. We would like a paragraph about your child and how gymnastics would benefit him or her, as well as a paragraph about your financial hardship.

Section 4: Signature

This application does not guarantee that you will receive any scholarship funds, the decision to award funds will be based financial need. The length of the scholarship will be determined by SAGA and after that time you will need to reapply to continue receiving the scholarship.

I acknowledge that the information that I have provided is accurate.

Signature _____

Date _____