

# 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: Personal Statement

Please attach a separate sheet of paper and write a paragraph explaining why you and your child are deserving of a monthly gymnastics scholarship.

## 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 \_\_\_\_\_