

Portland Public Schools
SCHOLARSHIP APPLICATION FOR ACTIVITY FEE

Student Name: _____ DOB: _____

Address: _____ Grad Year: _____

City/State/Zip: _____ Phone: (_____) _____

Parent Name: _____ Phone: (_____) _____

Address: _____ Email: _____

City/State/Zip: _____ (check if same as student)

1. Our family is financially unable to afford the PPS activity fee. YES NO
2. Is the above student receiving a free or reduced lunch? YES NO
3. Instead of making one payment, would you be willing to pay a reduced amount? If so:
 - I will pay \$_____ within one month of this date.

IMPORTANT NOTE: If you opt to NOT make any payment, you will be contacted by the Portland Athletic Association to help with concessions at athletic events.

Comments for application consideration:

Parent Signature: _____ Date: _____

RETURN COMPLETED FORM TO ATHLETIC DEPARTMENT

FOR OFFICE USE ONLY: _____ Accept _____ Reject

Additional comments:
