

**GRANT-IN-AID FUND
EDINA ATHLETIC ASSOCIATIONS**

NAME (PARENT/GUARDIAN) _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (HOME) _____ (WORK) _____ MARITAL STATUS _____

DRIVERS LICENSE # _____

PLEASE LIST ALL CHILDREN RESIDING AT ABOVE ADDRESS

_____ AGE _____
_____ AGE _____
_____ AGE _____
_____ AGE _____
_____ AGE _____

PARTICIPANTS

_____ AGE _____
_____ AGE _____
_____ AGE _____

ATHLETIC ASSOCIATION _____

SPORT/ACTIVITY _____

PLEASE BRIEFLY STATE YOUR NEED FOR A GRANT-IN-AID

AMOUNT APPLYING FOR \$ _____

DO YOU QUALIFY FOR THE SCHOOL LUNCH PROGRAM? (please circle) YES NO

- Should the participant qualify for some grant money, it should be understood that there is no reimbursement commitment. However, should the recipients' financial status improve at a later date and they wish to make a donation to the scholarship fund, the donation would gratefully be accepted.

I hereby verify that all of the above information is true.

Signature

Please fill out, sign and return this Grant-In-Aid form to: Edina Park and Recreation Department, Grant-in-Aid Fund, 4801 West 50th Street, Edina, MN 55424.