



Peninsula High School Application for Scholarship



Student Name: _____ **Application Date:** _____
Last Name First Name

For Grant Reporting Purposes Only - Not used in determining eligibility.

Lunch Status

Ethnicity: _____ Gender: _____ Grade: _____ Free Reduced

Briefly describe the situation or reasoning for the scholarship:

Please Complete the Worksheet Below

	Original Amt	Amt Student Will Pay	Net Amount of Scholarship
ASB Card	\$ 50.00	\$ _____	\$ _____
Pay-to-Play For: _____ <small>*Pay-to-Play is not waived for Free/Reduced Students</small>	\$ 100.00	\$ _____	\$ _____
Class Fee/Pay-to-Play Other** _____ <small>List Class (**Band/Choir are considered Pay-to-Play and DO NOT qualify for a waiver.)</small>	\$ _____	\$ _____	\$ _____
Club/Activity Fee*** _____ <small>***Not waived for Free/Reduced Students</small> <small>List Club or Activity</small>	\$ _____	\$ _____	\$ _____
Other _____ <small>List Other</small>	\$ _____	\$ _____	\$ _____
TOTALS →		\$ _____	\$ _____

STUDENTS PLEASE NOTE: IF YOU FAIL TO PAY AND/OR SET UP A PAYMENT PLAN WITH THE BOOKKEEPER FOR YOUR PORTION THEN A FINE WILL BE ASSESSED ON YOUR ACCOUNT. _____ Initials

Payment Information: **PLEASE ATTACH ANY ADDITIONAL INFORMATION OR BACKUP DOCUMENTATION**

Pay to the order of: _____

Attention to: _____

Address: _____

City, St, Zip: _____

Date Payment needs to be received by the vendor _____

Approved By:	Date:
Counselor <input checked="" type="checkbox"/>	_____
Student <input checked="" type="checkbox"/>	_____
Parent <input checked="" type="checkbox"/>	_____
Administrator <input checked="" type="checkbox"/>	_____
InvestED Coordinator <input checked="" type="checkbox"/>	_____