

DELL RAPIDS BOOSTER CLUB INDIVIDUAL ATHLETIC CAMP SCHOLARSHIP PROGRAM

The Dell Rapids Booster Club is pleased to award a \$50 scholarship to the following student athlete for participation in an approved athletic sport camp. This scholarship is contingent upon the completion and submission of this form, the approval of the Dell Rapids Booster Club and the actual participation of the student in the specified camp. The Booster Club scholarship is available to athletes entering the 9th-12th grade and participating in a sport in the upcoming school year.

FORMS MUST BE TURNED IN TO EVE PICKARD PRIOR TO THE END OF THE SCHOOL YEAR.

Students are eligible for one scholarship per student, per school year.

STUDENT INFORMATION

Student Name: _____ Grade in the Fall: _____

Address: _____

City/State/Zip: _____ Phone #: _____

I, _____ intend to participate in the camp named below and am hereby requesting a scholarship from the Dell Rapids Booster Club. I understand that in the event I fail to attend, my \$50 Booster Club scholarship will be forfeited and the resulting cancelation costs will be at my own expense.

Student's Signature

Parent's Signature

SCHOLARSHIP APPROVAL AND PAYMENT INFORMATION

This application will be reviewed by the Board of the Dell Rapids Athletic Booster Club. Upon approval and appropriate signatures, **payment of this student athlete's \$50 camp scholarship will be forwarded to the referenced DRHS camp.** If you are attending a DRHS camp you can subtract \$50 from your total.

If you are attending a camp outside of DRHS, you will need to have this form turned in prior to the end of the school year and then provide a receipt from said camp. Then you will be reimbursed the \$50. You will need to submit full payment to the outside camp. You can mail the receipt to Dell Rapids Booster Club, PO Box 45, Dell Rapids SD, 57022

CAMP INFORMATION

Camp Name: _____ Date(s) of Camp: _____

Location of Camp: _____ Total Cost of Camp: _____

Make Checks Payable to: _____
(If outside camp please print your name / DRHS Camp: Dell Rapids School District)

Mailing Address for Payment: _____

Camps Coach/Instructors Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

PAYMENT CONTINGENCY

This scholarship is contingent upon the athlete's attendance at the camp. In the event the student does not attend, refund the \$50 scholarship to:
Dell Rapids Booster Club
PO Box 45
Dell Rapids, SD 57022

SAVE FOR YOUR RECORDS AND FOR THE CAMP REGISTRATION CAMP INFORMATION

Name of Camp: _____ Date(s): _____

Location: _____ Total Cost: _____ Contact Name/Phone: _____

DO NOT ATTACH CAMP REGISTRATION TO THE TOP PORTION OF THIS FORM!!