

**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 sports 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 9<sup>th</sup> - 12<sup>th</sup> grade in the upcoming fall school year. Applications may be submitted at anytime during the school year.

Students are eligible for one scholarship per student, per school year. Turn completed forms into the High School office 6 weeks prior to the camp date.

**STUDENT INFORMATION:**

Students Name \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ 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 cancellation costs will be at my own expense.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

**CAMP INFORMATION**

Name of Camp: \_\_\_\_\_ Date(s) of Camp: \_\_\_\_\_

Location of Camp: \_\_\_\_\_ Total Camp Cost: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

**SCHOLARSHIP APPROVAL AND PAYMENT INFORMATION:**

This application will be reviewed by the Board of Directors of the Dell Rapids Athletic Booster Club. Upon approval and appropriate signature, payment of this student athlete's \$50 camp scholarship will be forwarded directly to the referenced camp. This payment will be completed approximately two weeks prior to the camp start date.

The Dell Rapids Booster Club is proud to support Quarrier athletics and the efforts of our student athletes!

This application is hereby approved.

\_\_\_\_\_  
Officer, Dell Rapids Booster Club Board of Directors

\_\_\_\_\_  
Date

**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  
Dell Rapids High School  
1216 N. Garfield  
Dell Rapids, SD 57022

**REMOVE AND SAVE BOTTOM PORTION FOR YOUR RECORDS AND FOR THE CAMP REGISTRATION**

**CAMP INFORMATION**

Name of Camp: \_\_\_\_\_ Date(s) of Camp: \_\_\_\_\_

Location of Camp: \_\_\_\_\_ Total Camp Cost: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

**DO NOT ATTACH CAMP REGISTRATION TO THIS FORM!!!**