**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 sport in the upcoming fall school year. Applications may be submitted anytime during the school year.

**FORMS MUST BE TURNED IN TO LUANN HEIDEBRINK 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  Parents 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 camps.**

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 and you will be reimbursed the $50.**

 **You can mail the receipt to Dell Rapids Booster Club PO Box 42 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

Dell Rapids High school

1216 N Garfield

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!!