



Brattleboro Union High School Athletic Booster Club

Sport Camp/Event Scholarship Application

If we cannot read your application, it will be discarded.

The Camp/Event Scholarship is for \$150.00. Please attach the camp brochure or camp/event website to the application.

Athlete's Name: _____ Phone: _____

Address: _____

Grade: _____

Camp/Event Name: _____ Sport: _____

Date(s) Attending: _____

How do you feel your attendance at this camp/event will benefit the BUHS Sports Program and what do you hope to get out of the camp/event?

Sports you have participated in at BUHS and indicate how many years in each sport:

COACHES SIGNATURE: **THIS IS MANDATORY**

By signing below, I agree that the applicant is eligible and would benefit from attending the camp.

Signature

Printed Name

Please include the **paid receipt** and include name of parent/guardian and address of parent/guardian to be paid:

Send check to: _____

Address (if different from the athlete):

**Return to: BUHS Booster Club
PO Box 6383
Brattleboro, VT 05302**

If it is hardship for a parent to pay in advance, please contact the Booster Club's Treasurer at whitxmas@gmail.com . We will work with you on a payment agreement.

We require that all students receiving a camp/event scholarship **donate his/her time** (or a family member) to the Booster Club during an athletic event.

Student's Signature _____

Parent's Signature _____ Print Name _____

One camp/event scholarship will be awarded to one student athlete per 12 months.

Should you have any questions about the application, please contact Kerri at redshoes96@comcast.net

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www.buhsboosters.com