



# 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** \* due to COVID, please have your coach send an email to [buh boosterclub@wsesdvt.org](mailto:buh boosterclub@wsesdvt.org) in lieu of the signature to verify eligibility.

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](mailto: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](mailto:redshoes96@comcast.net)**