

SCHOLARSHIP SENIOR ALL NIGHT PARTY TICKET REQUEST FORM

This request is to be completed if you find it difficult to pay the full or partial ticket price for the All Night Party. All requests will be reviewed and you will be contacted within 2 weeks of request. All requests are confidential.

Please complete IN FULL and turn the form and attachments into Ms. Burch in the principal's office. All requests must be received by April 28th.

Student Name: _____

Student phone # _____

T-Shirt Size: _____

Parent Name: (please print): _____

Parents Phone #: _____

Parents Email: _____

***Copy of Free and Reduced Meal Card Attachment Required or a Detailed Explanation of Why a Scholarship is Needed.**

SIGNATURE OF PARENT REQUIRED

Parent Name (please print) _____

Parent Signature _____ Date _____

TO BE COMPLETED BY OFFICE:

Approved By _____ Date _____