

## 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 Senior All Night Party. All requests will be reviewed. You will be contacted within 2 -3 weeks of request submitted. All requests are confidential. Please complete IN FULL and turn the form and attachments into Barb Daly in the principal's office. All requests must be received by May 3, 2024.

Student First and Last Name: \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (small, medium, large, XL, XXL)

Parent First and Last Name: (please print): \_\_\_\_\_

Parents Telephone #: \_\_\_\_\_

Parents' Email: \_\_\_\_\_

\*Attach a copy of Free and Reduced Meal Card

Attachment Required or a Detailed Explanation of Why a Scholarship is Needed.

SIGNATURE OF PARENT REQUIRED

Parent First and Last Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY OFFICE: Approved By \_\_\_\_\_

Date \_\_\_\_\_