

1616 Buchanan St NE, Minneapolis, MN 55413 phone: 612.788.9095 fax: 612.788.9079

SCHOOL ACTIVITY SCHOLARSHIP/ FINANCIAL ASSISTANCE REQUEST

Fiel	d Trip/School Activity:				
Da [,]	ites of Event:				
_	Name(s) of child(ren) who	o would need a scholarship.		Grade/Section	
1		•			
2					
3					
4					
Par	rent/Guardian Name:				
Pho	Phone: Email Address:				
Please give a brief description of why you are requesting financial assistance:					
_					
Parent/Guardian Signature: Date:					
FOR OFFICE USE ONLY					
Sc	cholarship per Student:	Total Scholarship:	Approved	d Bv:	

