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|  | PC ALL, INC. |

# SCHOLARSHIP FORM

This scholarship is for $100. It will cover the cost of the Wasatch Adaptive Sports Bowling Program for 2018/2019.

## Participant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participant Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |
| --- | --- |
| Participant Age: |  |
| Disability: |  |

## Parent/Guardian Information

|  |  |  |
| --- | --- | --- |
| Full Name: |  |  |
|  | *Last* | *First* |  |  |

|  |  |  |
| --- | --- | --- |
| Address |  |  |
|  | *Street Address* | *Apartment/Unit #* |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## Signature

I understand that this activity is purely voluntary and I expressly agree and promise to accept and assume all of the risks existing in this activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |