



Grayson Athletic Association
 P.O. Box 206
 Grayson, Georgia 30017

GAA REGISTRATION SCHOLARSHIP APPLICATION

Parent Name: _____ Child's Name _____ Age: _____

Address: _____

Email Address: _____ Phone: _____

All Scholarships are awarded on a first serve basis per sport. Applications will be reviewed by the Grayson Athletic Association Directors for approval before registration and Applicants will be contacted before registration opens. Scholarships are limited per household based on availability. Only one sport scholarship per child may be given in a year. If applying for more than one child, each child must submit an individual form. Please mail completed form with appropriate documentation to **P.O. BOX 206, Grayson, GA 30017.**

What Sport are you applying for Scholarship Assistance?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Football | <input type="checkbox"/> Football Cheerleading |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Basketball Cheerleading |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Special Populations |

How many children live in your household? _____

Do you rent or own your home? _____

What is the value of your home? _____

Who is your Employer? _____

What is your yearly income (*W2 or Current/Previous year Tax returns will be required*)? _____

Are you married/divorced/single? _____

Does your Spouse work? _____

If yes – Salary? _____

Does your child receive Free/Reduces meals at school? Yes No

How many scholarships/children are you applying for? Please list name and ages below.

****Please feel free to provide any other information that may be helpful on the back of this form.**

I affirm that all information is true and accurate.

Signature of Parent or Guardian _____ Date _____

