

**PORTLAND HIGH SCHOOL ACTIVITY DEPARTMENT
SCHOLARSHIP APPLICATION FOR ACTIVITY FEE**

**Portland High School
1100 Ionia Road
Portland, MI 48875**

Student Name: _____ **Date of Birth:** _____

Address: _____ **Year Graduate:** _____

City & Zip: _____ **Phone:** _____

Parent Name: _____ **Phone:** _____

Address: _____ (check if same as student)

Parent Name: _____ **Phone:** _____

Address: _____ (check if same as student)

1. Our family is financially unable to afford the PHS activity fee. ___ yes ___ no
2. Is the above student receiving a free or reduced lunch? ___ yes ___ no
3. Instead of making one payment, would you be willing to pay a reduced amount or help out with the Portland Athletic Boosters? ___ yes ___ no
4. If yes, check and complete the following:
 ___ I will pay \$_____ within one month of this date; or
 ___ I will help with three extra events/activities for the Athletic Boosters.

Comments: _____

Parent Signature: _____ **Dated:** _____

Return this completed (and signed) form to the Principal's office.

For Office Use Only ___ Accept ___ Reject

If rejected, why: _____

