## Troy Athens Athletic Booster Foundation Underclassman Enrichment Grant Application Must be presented to the Guidance Office for a date/time stamp prior to Application deadline: Friday, April 13, 2018 by 3:00 pm Please print clearly

Applicant's Name:									
Last		First	Middle						
Address:									
Street	Apt	City	State	Zip					
List any Parent/Guardian/Siblings that applicant:			•	benefit the					
Were your parents/guardians paid TAA	ABF booster mer	mbers by Octobe	er 30 <sup>th</sup> ? Yes _	No					
Did you/your parents/guardians earn a	t least 8 points t	his school year?	Yes N	lo					
Did the Parent/Guardian attend at leas August and April, this year? Yes		nens Athletic Boo	oster meetings	s, between					
For concession stand lead parents only: Do you qualify for a lead grant? Yes No To qualify you need to have earned 8 lead points in addition to meeting undergrad grant requirements. Name of lead:									
Email address (preferred) or phone nu	mber for any qu	estions about thi	s application:						
Spring 2017 Class: FR		SO	JR						
Athens Coach's signature:									
Athens Coach name (printed)									
Sport or varsity club sports played:									
Is your grade point average at least a 2 (No transcript required)	2.0? Yes		No						
Guidance office check (student's GPA	is at least 2.0) _								
Counselor's signature:		Date:							
Student signature:		Date:							
Parent/guardian signature:(If Chosen, the Underclassman Enrichment Grant check v	vill be made out to this p	Date:							

## **RECEIPT** of Underclassman Enrichment Grant Application Prior to deadline: for office use

Name:			

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Roseanne Sparbeck

**RECEIPT** of Underclassman Enrichment Grant Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Roseanne Sparbeck