

# DLYHA Scholarship Form

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Number of Kids: \_\_\_\_\_



Player #1: \_\_\_\_\_

Level: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Player #2: \_\_\_\_\_

Level: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Player #3: \_\_\_\_\_

Level: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Waived
- Code Sent

We follow the free and reduced lunch program guidelines.  
We also consider financial hardships.