

## GRAHA SCHOLARSHIP APPLICATION

PLEASE RETURN TO:  
GRAHA  
P.O. BOX 559  
ADA, MI 49301

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PARTICIPANT NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_

Number in family residing at this address \_\_\_\_\_

List names and ages of all family members:

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you receive financial assistance from any of the following agencies (check all that apply):

- ☐ Department of Social Services
- ☐ Social Security
- ☐ Academic Scholarship
- ☐ Michigan Employment Security Commission
- ☐ Parent or Guardian
- ☐ Other \_\_\_\_\_

Are you employed? \_\_\_\_ If yes, where? \_\_\_\_\_

Is spouse or any other family member employed? \_\_\_\_ If yes, where? \_\_\_\_\_

Total family income before deductions (include all working members as well as any welfare, child support, pension, social security, financial aid or scholarships and irregular or regular contributions from persons not living in the household). Supportive documentation may be requested to substantiate income.

\$ \_\_\_\_\_ per month

\$ \_\_\_\_\_ per year

*NOTE: GRAHA scholarships are granted to a maximum of \$200 per player. One form must accompany each player you are requesting financial assistance for. GRAHA does not guarantee granting of any or all of the applications as funds may be limited.*

*I, \_\_\_\_\_, (parent or guardian of player) give permission to authorized GRAHA elected board members or scholarship committee members to contact employers, social service agencies, etc. to verify information. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified from scholarship consideration. I hereby certify that the above information is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature of parent or guardian of player

\_\_\_\_\_  
Date