

Twirling Sweet Sensations Scholarship Application 2019-2020

TSS Scholarships are limited and available based on financial need. Please notify TSS if/when scholarship is no longer needed.

(Please print)

Twirler Name: _____

Parent/Guardian(s) Name: _____

Phone Number (best to reach): _____

Statement of Request for Scholarship (briefly state reason, no financial disclosure necessary):

(Twirling Sweet Sensations Payment Policy remains in effect and agreed upon amount is due per policies)

Current Monthly Fee: _____

Monthly Scholarship: _____

Agreed Upon Payment Amount: _____

Length of time for Scholarships Request (please check appropriate box):

- Full Year (10 months)**
- Half Year (3-6 months)**
- Temporary (1-3 months)**
- Minimal (one-time request)**

Parent Signature: _____ **Date:** _____

Financial Director Approval: _____ **Date:** _____