

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)

Our family is financially unable to afford the PHS activity fee. yes no

Is the above student receiving a free or reduced lunch? yes no

Instead of making one payment, would you be willing to pay a reduced amount or help out with the Portland Athletic Boosters? yes no

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: _____
