

Financial Assistance Application Contact Information:

Name _____

Address _____

Telephone number _____

Email address _____

Please list any children interested in taking classes at Rainbow:

Child's name and age _____

Child's name and age _____

Child's name and age _____

Please briefly state the reason you are applying for a scholarship _____

How much funding are you applying for? _____25% _____50% _____75% _____100%

This is a: _____one time need _____monthly need _____yearly need

Are you willing to volunteer at Rainbow _____yes _____no

Please mail completed form to: Rainbow Gymnastics, Financial Assistance, P.O. Box

61, Medford, WI 54451 All information provided will remain confidential. All financial assistance is reviewed every 3 months. Those receiving 100% financial assistance will

be required to volunteer in order to have it renewed after 3 months.