

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 circle the types of volunteer activities you would be interested in:

Cleaning Organizing fundraisers Construction Projects Painting

Coaching Making flyers Planting flowers Pulling weeds

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.