



1415 Beechtree St., Grand Haven, MI 49417
Phone: 616.850.5125
norarec.org

NORA YOUTH SCHOLARSHIP APPLICATION

Child(ren)'s Name(s) (First and Last)	Date of Birth	Current Grade	School Attends
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian Name(s) _____

Primary Phone _____ email _____

Physical Address _____

Why do you need scholarship? (Use reverse side sheet if needed) _____

Are there other ways you would be able to help NORA if you were to receive scholarship:
(Check all that apply)

- Coach/teach a sports clinic as a volunteer
- Recruit sponsors/donations
- Volunteer at a NORA Special Event
- Advocate for NORA in the community – on social Media

What are the alternatives if scholarship status is not approved? _____

Signature of Application or person making referral

Date

NORA Board Committee meets monthly as needed to review and approve applications.

Feel free to attach any additional information you feel with help to process this referral or application.

THE DISTRIBUTION OF FUNDS IS THE SOLE DESCRETION OF THE NORA BOARD COMMITTEE.

SPACE BELOW FOR ADDITIONAL INFORMATION:

DO NOT WRITE BELOW THIS LINE

FOR NORA BOARD COMMITTEE ONLY

Committee Member's Input _____

COMMITTEES ACTION: *Approved* *Not Approved* *Tabled*

Date _____