

Scholarship Application

To apply for a scholarship, please fill out the application below and attach a copy of proof of income (a pay stub, or recent tax form) and email, mail, or drop them off at the office at Olympic Dreams. If you are chosen for a full or partial scholarship, you will be contacted by Olympic Dreams. Scholarships will be considered declined, if not accepted within one week of any offering.

4403 Logan Way Youngstown, Oh 44505 330-759-1916 WWW.ODGUSA.COM

Parent/Guardian Name:		· · · · · · · · · · · · · · · · · · ·
Student Name:		
Birthdate of Student:	Male or Female: _	
School:	Grade:	
Address:		
City:	Zip:	
Phone (home):	Work:	
E-Mail:		
Number of people in household:	Annual Income:	
I have submitted information regarding prod	of of income: Yes	No
This is a scholarship request for a:		
50% Scholarship (studer	nt pays 50% of the cost of the cla	ss)
75% Scholarship (studer	nt pays 25% of the cost of the cla	ss)
100% Full Scholarship (student does not pay for the clas	s)
Below are the Olympic Dreams Classes the	at I am interested in attending:	
Please include name of class, day and	time (ie. kindergym mon 5:30)	
(If you do not have a class schedule, please call or se	ee the schedule at www.odgusa.com)	
1st choice		
2nd choice		
3rd choice		
4th choice		
I understand that if I receive a partial or full of my choice at the Olympic Dreams. I am and to participate fully in the class.		
Student Signature	Date	
As the parent or guardian, I will provide trans	sportation or make arrangements	for this student to attend class.
Parent or Guardian Signature	 Date	

Scholarships will be awarded based on financial need and availability in the class. The Olympic Dreams Gymnastics Center will try to meet as many scholarship requests as possible. If we are unable to award a scholarship for the above classes, Olympic Dreams will keep your application on file and notify you when there is another available class.