



Louisville Scholarship Application

Please complete the following and return to GOTR Louisville:
PO Box 6166, Louisville, KY 40206
502-472-0947 (Emma Gailey- Council Director)

Program and Participant Information:

GOTR Site Location: _____

Date of Program: _____

Parent/Guardian: _____

Mailing Address _____

Work Phone #: _____

Cell Phone #: _____

Email Address: _____

Why are you and your child most interested in participating in GOTR?:

Are there special circumstances creating your financial need at this time?

Reduced Lunch Qualification	Fee
Full Priced Lunch	\$150
Reduced Price Meals	\$75
Free Meals	\$15

The cost of the 12-week program is \$150. This cost covers: program insurance, t-shirt costs, snacks, curriculum, promotional costs, coaching materials, printing costs, website designs, etc. If the suggested registration fee would cause a hardship for your family, how much of the tuition can you pay? _____

Please provide a copy of your free or reduced lunch voucher with this form.
Deadline: August 25, 2010

(ver 7/28/10)