



## Pinellas Sheriff's Police Athletic League Scholarship Inquiry Form

Prepared by Parent / Guardian

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_ - \_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employed: Yes \_\_\_ No \_\_\_ Employer: \_\_\_\_\_

Monthly Net Income From Employer: \$ \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Other Income: Yes \_\_\_ No \_\_\_ What Kind(s): \_\_\_\_\_

Monthly Net Amount From Other Sources \$ \_\_\_\_\_

Child's Name and age: \_\_\_\_\_

Does this child qualify for free/reduced lunch rates? \_\_\_\_\_

Does this child reside in unincorporated Pinellas County? \_\_\_\_\_

Total Number of Adults and Children in household: \_\_\_\_\_

Have you ever received a scholarship from us before? Yes \_\_\_ No \_\_\_

Scholarship Amount Requested: \$ \_\_\_\_\_

Special circumstances (financial or otherwise) affecting your family:

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(Use back of form if needed)