



Scholarship Applicant Information

Dacula Athletic Association Cheerleading

(Please complete and return to info2.daacheer@gmail.com)

Parent Information (Mother)

Name First Name Middle Initial Last Name

Address Street City

Phone # Cell Phone Work Phone

Email address

Parent Information (Father)

Name First Name Middle Initial Last Name

Address Street City

Phone # Cell Phone Work Phone

Email address

Participant Information

Name First Name Middle Initial Last Name

School information Name of School Grade Level

How did you learn about our scholarship Program?

Have you received assistance from DAA or another association in the last 12 months? YES NO

Circle One

Please provide a brief description of your current hardship

*** By accepting assistance for our program, you are required to volunteer three (3) times throughout the season. This may include working concessions, volunteering at registration, serving as Team mom/coach. If you do not complete the volunteer duties required, the amount of the previously awarded sponsorship will become payable immediately.**

I understand that by signing this form, all the information contained herein is accurate to the best of my knowledge and I hereby agree to the conditions of the assistance if awarded as listed above.

Signature

Date