



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 perform three (3) gate duties. If you do not complete the gate 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