

DLYHA Scholarship Form

Family Name: _____

Address: _____

Phone Number: _____

Email: _____

Monthly Income: _____

Number of Kids: _____



Player #1: _____

Level: _____ Fee: \$ _____

Player #2: _____

Level: _____ Fee: \$ _____

Player #3: _____

Level: _____ Fee: \$ _____

Signature: _____ Date: _____

- Waived
- Code Sent

We follow the free and reduced lunch program guidelines.
We also consider financial hardships.