



Metro Youth Partnership
Moorhead • Fargo • West Fargo

Scholarship Application Form

Date of Referral: _____

Name of Participant (Youth): _____

Date of Birth (mm/dd/yyyy): _____ Grade Level: K 1 2 3 4 5 6 7 8 9 10 11 12

Ethnicity: _____ Sex: _____ School: _____

Name of Parent/Guardian: _____ Telephone: _____

Address: _____
Street City State Zip Code

Referring Agency: _____ Telephone: _____

Referral Agency Contact: _____

Activity: _____

Provider: _____

Comments: _____

SCHOLARSHIP INFORMATION

The scholarship will cover the cost of the following:

_____ Registration and Activities Fees in the amount of \$ _____

_____ Other \$ _____

Townsite Centre 810 4th Avenue South, Suite 147, Moorhead, MN 56560
Phone 218-299-KIDS (5437)

Fax 218-299-5336 Email info@metroyouthpartnership.org Website www.metroyouthpartnership.org