

Sheridan Ice, LLC

Program Scholarship Application

(Participant must be under 18 years old)

Name of Participant: _____ Age: _____
Name of Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Employers Name: _____ Phone: _____
Business Name if self-employed: _____ Phone: _____
Which Program(s): _____

Amount Can Pay: _____ Amount Scholarship: _____

--Please submit a letter explaining your situation and why your child should receive scholarship funding.

---All information provided on this application is for Sheridan Ice LLC use only and will not be disclosed to anyone outside of the financial assistance office of the Sheridan Ice LLC.

I give my permission to Sheridan Ice LLC to contact my employer at any time to confirm my employment and gain information concerning my salary/wage, hours and days of employment, and hire/termination dates.

If I am self-employed or unemployed I will provide a copy of my most recent completed 1040 form.

All information I have given on this application is true and correct. I give Sheridan Ice LLC staff permission to verify any required documentation and information. I will notify the Sheridan Ice LLC financial assistance office immediately in writing if any of this information changes. Failure to do so may result in loss of assistance. Sheridan Ice LLC reserves the right to back bill at the full fee if the information in this application is not true and correct.

Print Name: _____

Signature: _____

Date: _____