



GUNNISON MIDDLE SCHOOL
CHOICE PASS
SCHOLARSHIP
FORM



Name: _____

Sport or Activity: _____

Season or Year: _____

Tell us why you would like this scholarship:

Turn this form into Mrs. Nordberg or your advisory teacher. She will let you know if/when you have qualified for the scholarship. *Scholarships cover 50% of the cost for the sport. Your family will be responsible for the other 50% of the fee. Payment plans can be arranged.*

How I intend to cover my half of the cost: _____

Student is a current member of the Choice Pass Program.

For office use only:

Approved by: _____

Please transfer \$ _____

From account number _____

To account number _____

Demographics info (Confidential/ only for GCSAPP grant requirements):