



RHI Sports Program Athlete Participation Fee Scholarship Form

Athlete Name _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Email _____ Team Name(s) _____

Please check one of the following:

Full scholarship (\$100) Partial Scholarship (Enter Amount: \$_____)

Please explain why you're requesting a scholarship from RHI Sports to cover the yearly athlete participation fee of \$100 or part thereof. Provide any evidence or comments that will help us in making our decision. Please continue on the back of the sheet if more space is needed. (Any questions, call 317-329-2020)

Requested by: _____ **Date:** _____

Approved/Denied by: _____ **Date:** _____

Please return this completed form via mail, email or fax to:
 RHI Sports Program, 4141 Shore Dr, Indianapolis, IN 46254
 Fax to 317-329-2063 or Email to: rhis@rhin.com