BILL MCDONALD SCHOLARSHIP FORM

HICKORY North Carolina
Parks, Recreation & Sports Tourism

Parent or Guardian Name: Click or tap here to enter te **Date:**

Address: Click or tap here to enter te

Email Address: Click or tap here to enter te

Phone Number: Click or tap here to enter te

Child's Name	Date of Birth	Program requesting funds for	Amount requesting
Click or tap here to enter text		Click or tap here to enter text	Click or tap here to
Click or tap here to enter text		Click or tap here to enter text	Click or tap here to e
Click or tap here to enter text		Click or tap here to enter text	Click or tap here to e
Click or tap here to enter text		Click or tap here to enter text	Click or tap here to

I agree that if my child no longer needs any equipment purchased, I will return it to the Hickory Parks, Recreation & Sports Tourism Department so that it may be used for future programs:

Applicant Initials: mc

Signature:

For Office Use Only

Recommendation: Click or tap here to enter te Amount: Click or tap here to enter te