The Coach Mare Von Lindern CYO Scholarship

Student Information

_____ _____

First Name Last

_____ _____

Registered Sport Season / Year

Parent / Guardian Information

_____ _____

First Name Last

_____

Phone

By signing below, I acknowledge that our total family income must be at or below 300% of the Federal Poverty Level. This information has been verified through the Income Verification I submitted for the Educational Choice Scholarship Program for the 2026/2027 school year. This scholarship will cover the CYO registration fee for the sport mentioned above.

_____ _____

Signature of Parent / Guardian Date