



The North Andover Merchants Association's Sports Scholarship Fund provides financial support to North Andover youth athletes and their families to successfully participate in the sport of their choice.

YOUTH INFORMATION

Name: _____ Date of Birth: _____

Address: _____ School: _____

_____ Grade: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

What sport or activity are you requesting financial assistance for? _____

Which association administers this sport? (i.e. NA Booster Club) _____

What is the registration fee for this sport? _____

When does registration close for this sport? _____

Please circle any of the following situations that apply to you and/or your family:

1. Student receives free or reduced school lunch
2. Family receives a government support program (TANF, WIC, EBT, etc.)
3. Unemployment through loss of a job in excess of sixty (60) days.

If you do not meet any of the above criteria please describe your particular situation and how it contributes to the student's need for financial assistance.

I attest that the information provided here is truthful to the best of knowledge.

Signed: _____ Date: _____

Please mail completed application to:
North Andover Merchants Association
PO Box 62
North Andover, MA 01845