

# FBC O'Fallon Upward Deployed Military Scholarship Application

To be filled out by Upward office only:  
Y N initial by \_\_\_\_\_

Sport(Circle):          Football      Cheerleading      Basketball      Soccer

Please list your children who will be playing in this year's Upward league:

<u>Child's Name</u>	<u>Grade</u>	<u>Gender</u>
_____	_____	M F
_____	_____	M F
_____	_____	M F

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address \_\_\_\_\_

## Deployed Parent Info:

Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Deployment Date: \_\_\_\_\_

Anticipated Return Date: \_\_\_\_\_

**\*\*\*This application is for families interested in participating in FBC OFallon's Upward scholarship program. This information is necessary to determine scholarship eligibility. Please complete one form per family. Personal information will remain strictly confidential. Please answer all questions as completely as possible.\*\*\***