



Stanislaus County P.A.L.

Police Activities League

1325 Beverly Dr. • Modesto, CA 95351 • Tel.: (209) 529-9121 • Fax: (209) 529-8794
WWW.STANISLAUSCOUNTYPAL.ORG

Youth Scholarship Application

Date of application: _____

Name of child: _____
Last First Middle

Home Address: _____

City: _____ Zip: _____

Home Phone # () _____ Cell Phone # () _____

Male _____ Female _____ Date of Birth _____ Age _____

School Name: _____

Grade _____ School Principal Name: _____

Total amount requested: \$ _____

Reason for amount requested: _____

Are you enrolled in a Stanislaus County PAL (SCPAL) Program: _____ Yes _____ No

If yes, give name of SCPAL program/school currently enrolled: _____

Child must write one paragraph stating why you would like Stanislaus County PAL to give you this scholarship. Use separate paper to write paragraph.

Parents/Guardian Information (Please print)

Father/Guardian Name _____

Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____ E-mail: _____

Occupation: _____ Employed by: _____

Mother/Guardian Name _____

Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____ E-mail: _____

Occupation: _____ Employed by: _____

Total number of children in the home: _____

Are you currently receiving any type government assistance? _____ Yes _____ No

Are you currently working? _____ Yes _____ No

Please attach a flyer or written information from the organization that includes the registration fee and to whom payment would be made.

I certify that all of the information in this application is true and complete.

Signature of parent/guardian

Date