



Seward Sports Scholarship Application

Sponsored by the Seward Optimist Club

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Parents Name: _____

Date of Birth: _____

In which Sport will you be participating: _____

Are you currently on the reduced school lunch program: Yes: _____

No: _____

Signature: _____

Parents Signature: _____

Date Applied: _____

Seward Optimist Club

P.O. Box 191

Seward, Ne 68434

Contact Person:

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