



**A PARENT/GUARDIAN MUST BE A MEMBER OF THE  
SMITHTOWN BOOSTER CLUB IN ORDER TO APPLY**

Student's Full Name: \_\_\_\_\_

School ID Number: \_\_\_\_\_

High School Attending: East \_\_\_\_\_ West \_\_\_\_\_

Parent or Guardian's Full Name:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**All completed applications must be mailed or dropped off at:**

**Smithtown Athletic Office  
26 New York Avenue, Unit 1  
Smithtown, NY 11787**

**All applications must be submitted or postmarked by  
May 10, 2024**

**Any application received or postmarked after this date will not  
be accepted.**

**APPLICATION FOR BOOSTER CLUB SCHOLARSHIP**

School ID Number: \_\_\_\_\_

**College/University Attending:**

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**Future Plans:**

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