

**2021 Stow-Munroe Falls Booster Club  
Scholarship Application**

**Parent Involvement Form**

**# Membership Years** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

**Briefly describe your activity within the SMF Booster Club over the past 4 years.**

**SMF Booster Club Involvement:**

**Team Involvement:**

**Please complete and return this form to the Booster Club mailbox in the Athletic Department by January 29, 2021 or mail it to: Stow-Munroe Falls Booster Club, P.O. Box 1445, Stow, Ohio 44224.**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**