



Scholarship for W.I.N. TIME Application
for 2025-26 (Use separate application for
each child in family)

Application for ☐ Fall Semester ☐ Spring Semester

Student name: _____ Age _____ Current Grade _____

Address _____

City: _____ Zip: _____

Email to use for Financial Aid Correspondence: _____

Parent/Guardian name:

Father: _____ Phone: _____

Address (if different than player): _____

Mother: _____ Phone: _____

Address (if different than player): _____

Have you received a WIN scholarship from Gentry Foundation previously?

If yes, please list semester and year? _____

Please explain why assistance is being requested and why this scholarship will be helpful. Provide as much information as necessary (use separate sheets as necessary). **All information provided on this form is strictly confidential.*

- We ask that recipients of the scholarship be open to volunteering with Gentry Foundation as requested.
- This Scholarship will only cover (1) day of WIN Time per week. Scholarships are limited to students that are not participating in WIN due to financial constraints. Our goal is to get more students involved in WIN Time even when finances are a barrier.
- Currently, we are only offering scholarships for school provided activities.
- Please know that all our funding is through donations and fund-raising events. Funds are limited to what we have received.
- Please apply for a scholarship if you are in need even if you have received the scholarship in the past.

I hereby certify that all the above information is true and correct, and I understand that The Gentry Foundation may verify the information on the application or ask for additional information.

Applicant Signature: _____ Date: _____

Return completed application to the Financial Aid Coordinator via email
info@gentryfoundationmn.org

Gentry Foundation