

Scholarship Application-Fee \$20.00
All Information must be completed to be accepted.

What youth sports program is your child participating in? _____

(Child's Information)

Birthdate: _____ Sex: (circle one) Male or Female
Last Name: _____ First: _____ MI _____
Address: _____ City _____ State _____ Zip _____
Phone Number: _____ School: _____

(Second Child)

Birthdate: _____ Sex: (circle one) Male or Female
Last Name: _____ First: _____ MI _____
Address: _____ City _____ State _____ Zip _____
Phone Number: _____ School: _____

Father's Name: _____
Address (if different from above): _____
Place of Employment: _____ Work Number: _____

Mother's Name: _____
Address (if different from above): _____
Place of Employment: _____ Work Number: _____

Guardian's Name: _____
Address (if different from above): _____
Place of Employment: _____ Work Number: _____

Total Scholarships Applied for? _____
Number of siblings living at home? _____ Age of siblings? _____
Is your child eligible for free lunch? (circle one) Yes or No
Reduced lunch? (circle one) Yes or No

Why should your child be considered for this scholarship?

_____.

As a parent, are you interested in volunteering for this program? **Yes or No**

If yes, please circle the area in which you would like to volunteer your time:

Coaching-Fund Raising-Team Parent-Auxiliary Board-Other

A youth sports administrator will notify you, if your child does NOT qualify for the Scholarship! Understand that if your child does not qualify, the remaining amount will need to be paid towards their registration fee, before they will be assigned to a team.

Parent/Guardian Signature: _____ Date: _____