



SCYF SCHOLARSHIP APPLICATION



Please complete the following information, one application per child:

| | | | |
|---|--|-----------------------------|--|
| Athlete Name | | Age | |
| Male/Female | | DOB | |
| Street Address | | City, State, Zip | |
| School | | Grade | |
| Athlete lives with: () Both Parents () Mother () Father () Other | | | |
| Amount of scholarship requested - Full: _____ Partial: _____ | | | |
| List Public Assistance Received: | | | |

PARENT / GUARDIAN INFORMATION:

| | |
|--|--------------------|
| Total household annual income: <i>*provide copy of W2's or tax return*</i> | |
| Number of dependents / children in your household for previous year | |
| Father Name: | Occupation: |
| Home Phone: | Work Phone: |
| Email Address: | |
| Mother Name: | Occupation: |
| Home Phone: | Work Phone: |
| Email Address: | |

Season for scholarship request: () Spring () Fall

Program this scholarship request applies to: (Check box below)

- () Tackle Football () Flag Football () Tackle Cheerleading () Flag Cheer
 () 4 & 5 year old football

Has this athlete previously received scholarships from SCYF? _____

If yes, what years: _____

Total Amount: _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes SCYF to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct. I understand that my child(ren)'s participation in this program requires a commitment to attend 100% of the scheduled practices and games except in case of family emergency or sickness or preapproved and excused by the coach.

Parent / Guardian Signature: _____ Date: _____