

Parent/Legal Guardian Information

Parent/Guardian Legal Name		Birthdate	Gender M F
Street Address (Proof of Address Required)		City	State Zip
Home Phone	Cell Phone	Email Address	

Child's Information

Please list **ONLY** members of your household applying for a scholarship. **This is not a registration form and does not guarantee a space in any program.**

Child's Name	Birthdate	Gender	School	Grade

NOTE: Applicant must provide legal proof of guardianship via birth certificate, foster parent letter, or Power of Attorney only.

Program Selection

Please select which program you are applying for.

☐ Youth Athletics

 ☐ Summer Camps
 Which sport? _____

 Which site? _____
 Which district? _____

 Which session? _____
☐ Other - Please specify _____

Assistance Programs

ASSISTANCE PROGRAMS (PLEASE CHECK ALL THAT APPLY)			
Free/Reduced School Lunches	<input type="checkbox"/>	TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/>
WIC (Women, Infants & Children)	<input type="checkbox"/>	Foster Care	<input type="checkbox"/>
Medicaid/Medicare	<input type="checkbox"/>	SSI/SSDI (Supplemental Security Income/SS Disability Income)	<input type="checkbox"/>
SNAP (Supplemental Nutrition Assistance Program)	<input type="checkbox"/>	Section 8 Housing Assistance	<input type="checkbox"/>
		Other (Attach letter with documentation to be considered)	<input type="checkbox"/>

NOTE: Applicant must provide proof of eligibility for the assistance programs listed above.

I certify that all the information on this application is true and correct, and that I have provided proof of identity, residency, and verification of assistance programs, if applicable. I understand that any incomplete or misleading applications will be rejected or may be revoked.

Applicant Signature: _____ Date: _____