



SCYF SCHOLARSHIP APPLICATION



PLEASE PROVIDE DOCUMENTATION OF ALL INFORMATION

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 all public assistance received: _____ _____	

PARENT / GUARDIAN INFORMATION:

Total household annual income: *provide copy of W2's or tax return*	
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:	

Program this scholarship request applies to: () Tackle Football () Tackle Cheerleading

Has this athlete previously received scholarships from SCYF? _____

If yes, what years: _____

Total Amount: _____

CONSENT TO RELEASE INFORMATION/TERMS AND CONDITIONS OF AWARD:

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, illness/injury or preapproved and excused by the coach.

Parent / Guardian Signature: _____ Date: _____