

**2025 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:** |  |
| **Parent Name:** | **Occupation:** |
| **Home Phone:** | **Work Phone:** |
| **Email Address:** |
| **Parent Name:** | **Occupation:** |
| **Home Phone:** | **Work Phone:** |
| **Email Address:** |

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

**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. This also requires me as the parent to commit to the volunteer stipulations outlined in the Scholarship Policy provided with this application.

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Date received:** | **Approved:** | **Amount:** |
|  | **Scholarship Committee**  | **Treasurer** |
|  | **Registration** |