

ST. CLOUD YOUTH FOOTBALL AND CHEER

EST.



1987

FAMILY, LEGACY, STRONG

2026 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:
Primary Phone:	Alternative Phone:
Email Address:	
Parent Name:	Occupation:
Primary Phone:	Alternative Phone:
Email Address:	

Program this scholarship request applies to:

Tackle Football Tackle Cheerleading Flag Football Flag Cheer

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