

Mt. Spokane-Mead Pop Warner Association (MSMPWA)
PARTICIPATION SCHOLARSHIP APPLICATION

Email to: msmpw.scholarships@gmail.com or, mail to: PO Box 427 Colbert, WA 99005
ATTN: Scholarships Coordinator

Scholarship Request:

- Cheer-
- Football

Name: _____ Phone (____) _____

Address: _____ City/State/Zip: _____

Employer: _____ Phone (____) _____

Spouse: _____ Phone (____) _____

Employer: _____ Phone (____) _____

Total monthly household gross income: \$ _____ *

Total numbers of household members: _____

***Monthly household income includes all income of all household members: salary, wages, social security, public assistance, child care assistance, unemployment insurance, child/spousal support, pension/retirement, and all other sources of income.**

Name (Please print)

Date of birth

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

If additional family members, please attach separate piece of paper with above information.

I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of a 50% scholarship for the season; that Association officials may verify the information on this application; and that deliberate misrepresentation of information may subject me to prosecution under the applicable state and federal laws. I hereby authorize Mt. Spokane-Mead Pop Warner to have access to any records, public or private, including employer, which will substantiate, verify, or refute the information contained in this application.

Applicant Signature

Date

Applicant Signature

Date

MUST ATTACH PROOF OF INCOME OR ASSISTANCE. APPLICATION WILL NOT BE PROCESSED WITHOUT IT.
Proof of income may be 3 months of paystubs with year to date figures, current year award letters or a certified tax statement.

Mt. Spokane-Mead Pop Warner Association (MSMPWA) SCHOLARSHIP INFORMATION

Guidelines for Assistance

Scholarship awards are need based. 50% scholarships are granted using the standard income/family size matrix income below.

scale provided by the USDA reduced fee school lunch program 7/1/2013 – 6/30/2014

HOUSEHOLD SIZE	Annual Household Income
2	\$27,214
3	34,281
4	41,348
5	48,415
6	55,482
7	62,549
8	69,616
Each additional \$7,067	

1. Scholarships are awarded based on ALL required information being provided and verifiable.
2. The participant's scholarship request will be held in the strictest of confidence. Only the Scholarship Committee and/or MSMPW Board Members will review the request.
3. Scholarship recipients may be required to complete 8 hours of volunteer time for the MSMPW season. A volunteer schedule will be issued for volunteer opportunities that are available. Examples are but not limited to: field marking, field set up and/or clean up, concession work, special programs. Should you choose to not sign up for a volunteer opportunity, the board reserves the right to assign you a responsibility. Should you choose to not fulfill this requirement, you will be billed the 50% scholarship that was awarded which will be due in full prior to the season.
4. 50% payment will be required when application is approved. Payment must be made by July 15, (close of registration date) or equipment and team assignment will not be issued and scholarship will be forfeited and awarded to next eligible player.

Parents Compliance and Commitment

I, _____, promise to contribute to my child's scholarship fund as per all the aforementioned requirements by MSMPW. I also understand that by signing this application that I will try to volunteer 8 hours of services to MSMPW (volunteer must be 18 yrs of age or older). Failure to meet required 8 hours of service for MSMPW by the end of the season may result in entire balance of registration fee being billed to player and player may not be allowed to register for next season until paid in full.

By signing below, I agree that I have read and do firmly understand this application and contract.

Signature

Date

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