

Complete ONE FORM per ATHLETE

## LHYFC Association Scholarship Application Needs-Based Scholarship Request Form

**SCHOLARSHIP APPLICATIONS WILL REMAIN OPEN FOR THE REGISTRATION PERIOD ONLY.**

PLEASE REFER TO THE SCHOLARSHIP PROGRAM INFORMATION AND REQUIREMENTS BELOW BEFORE  
COMPLETING AND SUBMITTING FORM

**Program Summary:**

Liberty Hill Youth Football and Cheer Association is offering a needs-based scholarship program for football and cheer athletes who are in need of financial assistance in order to play in the league. Each request will be considered on a per season basis and must be applied for each season.

**EMAIL the completed form to the below Board Member:**  
**LaJoy Amthor – Board Secretary                      secretary@lhyfc.org**

**Complete ALL Information Below:**

Date of Application: \_\_\_\_\_ Has your family requested aid before? YES / NO  
Number of Seasons Played at LHYFC: \_\_\_\_\_ Last Coach: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Name of person filling out form: \_\_\_\_\_ Your Phone: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_ Your email: \_\_\_\_\_

Applicant's Parent Name (s): \_\_\_\_\_  
Applicant's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONFIDENTIAL FAMILY FINANCIAL INFORMATION**

How much of the fees can you afford to pay? \_\_\_\_\_  
Do you own or rent your home? \_\_\_\_\_ Number of wage earners in household? \_\_\_\_\_  
Employed: Full / Part Time    Received Unemployment: Yes / No    Receive Other Support: Yes / No  
# persons living in household: \_\_\_\_ # Adults: \_\_\_\_ # School aged children: \_\_\_\_ # Non-school aged children: \_\_\_\_  
Do you qualify for free or reduced lunch program? Yes / No    Food Stamps? Yes / No  
Do you qualify for other public assistance? Yes / No    Received a scholarship from LHYFC in past? Yes / No

Briefly describe why financial assistance is being requested at this time? If more space is needed, add another sheet of paper.

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**Scholarship Rules:**

All registered players from any team participating in LHYFC, who is in good standing, may request financial assistance from LHYFC Association Scholarship Program. There are limited scholarships available, so no extensions to the deadline will be accepted.

Scholarship candidates should fill out an application and submit it via email to the Board Secretary by the end of registration window. **No applications will be accepted beyond registration deadlines to be eligible for scholarships.**

The committee will review all applications and approve/deny any requests based upon the information provided in the application. Incomplete applications will not be considered and may be returned. Applications must be signed by parent/guardian of the athlete.

If the request is approved, correspondence confirming the recipient of the award and the amount will be sent to the recipient's parent or guardian via email. Optional items will not be accounted for in scholarship monies (cheer megaphone and cheer jacket).

**Approved recipients will be required to serve volunteer hours for the scholarships awarded.** For every **Full Scholarship awarded**, the family will be **required to volunteer at least 10 hours** for the LHYFC Association. For every **Partial Scholarship awarded**, the family will be **required to volunteer at least 5 hours** for the LHYFC Association. **Volunteer hours will be logged and MUST BE completed by the end of the regular season.** Hours MUST BE logged in the concession stand and verified by either the LHYFC Board president, vice president, or secretary. If hours are not completed by the end of the regular season, then half of the scholarship monies will need to be repaid by the last practice of regular season.

**Upon acceptance of scholarship monies, a contract will be signed and if volunteer hours are not completed, scholarship monies will be paid in full.**

Hours can be completed by assisting with any of the following: Field work/maintenance, trash collecting, setup/take down of field on game days, water jugs filled on game days, etc.

**Acceptance of Rules:**

*I understand the rules and expectations of accepting a scholarship from LHYFC Association. If my athlete, \_\_\_\_\_, is accepted for a scholarship, I \_\_\_\_\_, understand that I am responsible for completing volunteer hours or I will be required to pay back the scholarship in full if not complying with completing volunteer hours by the end of the regular season.*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Parent Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Board Member Accepting Application*

**Confidentiality:**

All scholarship information is for the sole purpose of helping the Liberty Hill Youth Football and Cheer Association decide who the neediest individuals are for the particular season. All names and addresses will be kept confidential and will not be shared with anyone other than the LHYFC Board of Directors.

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DO NOT WRITE IN THIS SPACE! FOR LHYFC ASSOCIATION BOARD MEMBERS ONLY

Amt Rec'd for Previous Season: \_\_\_\_\_

Denied

Reason: \_\_\_\_\_

Approved

Reason: \_\_\_\_\_

Amount Awarded \$ \_\_\_\_\_ Total Volunteer Hours Required: \_\_\_\_\_

Notification Emailed to: \_\_\_\_\_ Date Emailed: \_\_\_\_\_

Conditions of Scholarship have been met as of \_\_\_\_\_ (date) and verified by board on this \_\_\_\_\_ day of \_\_\_\_\_ month and \_\_\_\_\_ year.