

2018 Scholarship Assistance Request Form

Send completed application to Barberton Youth Football PO Box 789 by JUNE 11TH 2018

Barberton Youth Football provides scholarships to families, who without this financial assistance would not otherwise be able to participate. The Scholarship Assistance program focuses on providing opportunities for our area youth to participate in this program. Scholarship assistance will be dependent upon the funds available and the actual need shown.

Our primary goal is to help as many families as possible, so we are asking those of you that can afford to utilize our payment option rather than receiving a scholarship to please do so.

To make payment arrangements please contact snedgar@cityofbarberton.com. Please be aware that our Financial Assistant Funds are limited. Awards of assistance are NOT guaranteed to every applicant, and each program requested requires a new application.

Requirements for eligibility:

- Commitment to attend a minimum of 80% of the program.
- Parent/Guardian must volunteer for a minimum of one game, or as needed by the organization
- Application must be completed by a parent, guardian, or head of the household, with all requested information provided (incomplete applications will not be considered.)
- **Copy of Income tax returns must be attached for application processing**

Priority will be given to eligible youth meeting one or more of the criteria below:

- First time program participant(s).
- Member of a multi-child family.
- Living in a single parent home.
- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. **(Must provide written documentation of participation in these programs to receive priority status.)**
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.

Scholarship Assistance Awards

Participants receiving Scholarship assistance for Barberton Youth Football must volunteer as needed by the organization. All monies for registration fees are due in **FULL BY JULY 1st 2018**, or the participant will be removed from the program.

Income Verification Documents:

All documentation received will be used to determine scholarship eligibility status ONLY. Immediately following a decided amount, the applicant will be notified and all submitted documentation will be shredded.

- **REQUIRED:** Copy of 2017 tax return

- Additional acceptable forms include:

- o Copy of Last 2 pay stubs
- o Copy of Child Support Agreement/ check
- o Copy of Social Security, Buckeye Card, or any other assistance received

****Approval process of a registration scholarship does not register the participant for a program. You will still need to complete all registration documents.**

Please fill out the following form to determine scholarship eligibility

2018 Scholarship Assistance Request Form

Submit completed applications to Barberton Youth Football PO BOX 789 Barberton, OH 44203 by 6/11/2018.

Participant Name: _____ Parent/Guardian Name: _____

Please select which program you are requesting assistance: Football: _____ Cheer: _____

Phone Number: _____ Email: _____

Address _____ City _____ State _____ Zip Code _____

What is the annual household income? \$ _____ Household Size: _____

What is the maximum amount you can pay towards registration fee? _____ (per child)

Is a payment plan an option instead of a scholarship? _____ Yes _____ No

If yes, please indicate frequency: _____ Weekly _____ Bi-weekly _____ Monthly

Please explain your request/circumstances:

The Financial Committee will review your application and determine if you qualify for an award. The committee will take into account whether or not your family qualifies of the Free or Reduced-price meal program. Please make sure all information is complete or correct. Any personal information that you are required to provide will be kept confidential within the board of directors.

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes Barberton Youth Football to obtain verification of all the 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 volunteer for Barberton Youth Football as needed. I understand that failure to follow Barberton Youth Football's Scholarship agreement will revoke my scholarship, and my child will be removed from the program. I agree to notify Barberton Youth Football of any change in my income or ability to pay. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply. By signing below, I agree to the consent to release my information, and also state the information submitted in this application is accurate. I understand falsifying information in this application will result in a loss of scholarship.

Parent/Guardian (Print): _____ Parent/Guardian Signature: _____

Employer: _____ Address: _____

2017 TAX RETURN AND ANY OTHER PROOF OF INCOME MUST ACCOMPANY SCHOLARSHIP APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

FOR OFFICE USE ONLY

Date Reviewed: _____

Scholarship Amount Awarded: _____