



Lower Cape Bluefins Youth Football 2024 Scholarship Assistance Request Form

LCB Youth Football provides registration fee scholarships to local athletes, who without this financial assistance would not otherwise be able to participate. LCB's Scholarship Assistance program focuses on providing opportunities for our area youth to participate in football for the physical, mental and character-building benefits that this program can provide. Scholarship assistance will be dependent upon LCB's funds available, the actual need shown and will be provided at LCB's discretion.

Please be aware the LCB's financial assistance funds are limited. Our primary goal is to help as many young athletes participate in LCB that we possibly can. LCB offers full scholarships, partial scholarships and payment plans.

To make payment arrangements contact lowercapebluefinsfootball@gmail.com. Rather than offering full scholarships, we would like to offer more partial scholarships to help out more families in need this season. Awards of assistance are NOT guaranteed to every applicant.

Requirements for eligibility:

*Athlete must be age 15 prior to July 1, 2024 or the age of 7 by September 1, 2024

(Note: cannot be in 9th grade if age 15)

* Commitment to attend a minimum of 90% of scheduled practices and games

* Participation by a family member in at least four (4) volunteer opportunity during the scholarship season.

* Application must be completed by a parent, guardian, or head of household, with all requested information provided (incomplete applications will not be considered) *Cannot have received scholarships from other organization in addition to that of LCB for the football season.

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

- * 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 (Please 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.

**** Approval process of registration scholarship does not register the participant for LCB. You will still need to complete all the online registration documents as well.**

Date of Application: _____

Player Name: _____

Phone Number: _____

Address: _____

City/State: _____ Zip Code: _____

What is the annual household income? \$ _____

Household Size: _____

What is the maximum amount you can pay towards registration fee?

Do you receive or qualify for the Free and Reduced- price meals program through the school district? Yes or No (Circle One)

Is a payment plan an option instead of a scholarship? _____

If awarded with a scholarship would you be willing to volunteer in some capacity with LCB? Yes or No (Circle One).

You will also be required to participate in LCB's fundraising efforts.

Please explain your request/ circumstances:

LCB's executive Board will review your application and determine if you qualify for an award. Please make sure that all information is complete and 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 LCB 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 attend a minimum of 90% of the scheduled practices and games. I agree to notify LCB 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.

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____

Employer: _____