

**YOUTH SPORTS SCHOLARSHIP PROGRAM APPLICATION**

**PARENTS: COMPLETE THIS FORM AND SUBMIT IT TO YOUR CHILD'S SPORTS ORGANIZATION.**

Child's First Name:	Parent/Guardian's First Name:
Child's Last Name:	Parent/Guardian's Last Name:
Age:	Street Address:
Gender:	City, State, and Zip:
Date of Birth:	Daytime Phone:
School:	Evening or Cell Phone:
Grade:	E-Mail Address:

- With which sports organization/league/club is your child registered to play? \_\_\_\_\_
- Which season is your child registered to play? Please circle one. Spring Summer Fall Winter

**What sport is your child interested in playing? Please circle choice (one sport per season).**

Soccer	Football	Lacrosse	Baseball	Cheerleading
Softball	Basketball	Volleyball	Track	Other _____

**Which type of assistance are you requesting? Please circle one choice.** Registration Fee Waiver Equipment Voucher

**CONSENT TO EXCHANGE INFORMATION** I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child's information. I certify that the information supplied is true and correct and that NCS staff have my permission to verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games.

**REQUEST FOR FEE WAIVER or EQUIPMENT VOUCHER** My child is currently enrolled in a public assistance program such as Free or Reduced Lunch, ADC, Foster Care, or Medicaid. I request a fee waiver or equipment voucher for the Youth Sports Scholarship Program and give my permission for the Department of Family Services to release information verifying my eligibility. I understand that I must submit proof that I am receiving services.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A non-returnable copy of official documentation signifying that the child is receiving aid must be attached. If documentation is not available, the following section must be completed and signed by a school counselor or staff, case worker, or other official.**

I verify this applicant is receiving aid as specified above.	
Name of Official Verifying Aid: _____	
Signature: _____	
Position: _____	Phone: _____
Name of Aid or Service Program: _____	Case #(if applicable) _____