

# **CYBA SCHOLARSHIP INFORMATION**

## **Conejo Youth Basketball Association**

**(Make sure all fields are filled out)**

**Mail To: CYBA, P.O. Box 6966, Thousand Oaks, CA 91359**

Or email to: [treasurer@cyba.org](mailto:treasurer@cyba.org)

CYBA provides registration fee scholarships to children, who without this financial assistance would not be able to participate in the youth recreational basketball league.

Requirements for eligibility:

- Athlete must be age 16 or younger.
- **Participation by an adult family member in at least one (1) volunteer position during the scholarship season.**
- Commitment to attend a minimum of 75% of scheduled practices and games.
- Application must be completed by a parent, guardian, or head of household, with **all** requested information provided. *(Incomplete applications will not be considered.)*

Application must first be approved by the league's executive board before consideration for assistance.

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.
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.
- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc.
- Special circumstances (Please explain on application)

*(Approval of a registration scholarship does not register the participant in the basketball league. Athlete must still register with CYBA)*

# Conejo Youth Basketball Association

## SCHOLARSHIP APPLICATION

*All information on form must be completed. Individual application required for each child:*

**Parent / Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Athlete's Name:**\_\_\_\_\_ **Male/Female:**\_\_\_\_\_ **Birthdate:**\_\_\_\_\_

**Address:** \_\_\_\_\_

City

## Street

City

**Zip**

**School Athlete Attends:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian:** ( ) Married ( ) Divorced ( ) Separated ( ) Single ( ) Widowed ( ) Other

Amount of scholarship requested: \$ \_\_\_\_\_

(Scholarship Program limits up to \$100 per child)

**PARENT / GUARDIAN INFORMATION:**

Total Household Annual Income (before taxes): ( ) \$0 to \$25,000 ( ) \$25,000 to \$50,000

( )\$50,000 to \$75,000 ( )\$75,000 to \$100,000 ( )\$100,000 or more

Number of dependent children in your household during the last tax year: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Season for scholarship request: ( ) Winter ( ) Spring ( ) Fall      Year: \_\_\_\_\_

Please describe any special circumstances that you feel are relevant to the registration fee scholarship request:

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