

Barlow Youth Football Association

Scholarship Application Form

This form is for those applying for financial assistance.
Please submit completed form to the registrar.

It is the intention of the Barlow Youth Football Association (BYFA) to make every effort to ensure our program is open to all interested members of the community. With this goal in mind, we have created a scholarship application process for existing and prospective members with a special need or consideration for them to participate. Your application will be reviewed by members of the board and will be assessed based upon multiple criteria. We have a limited number of scholarship funds and we regret that we cannot assist everyone who applies for a scholarship, but are making every effort to ensure as many players as possible have an opportunity to play organized football.

Participant's First Name: _____ Last Name: _____
Email: _____ Phone Number: _____
School: _____ Grade entering in fall: _____
Birth Date: _____ Qualify for Free/Reduced Lunch: _____
Parents'/Guardians' Names: _____ and _____
Daytime Phone Number: _____ Monthly Income: _____
How many children in the household under 18: _____
How many years have you been a member of Barlow Youth Football?
____ New Applicant ____ 1 Year ____ 2 Years ____ 3 Years or more
How many times in the past have you applied for a scholarship from BYFA?
Are there additional extenuating circumstances or other information that
we should consider in processing your
request? *(use back of form if more space is needed)*

Parent(s)/Guardian(s) Understanding

- Filling out a scholarship application does not guarantee that my child will be approved. BYFA will take all applications into consideration and will let applicants know their status as soon as possible. Scholarship dollars will depend on different factors including but not limited to money in reserve for scholarships, number of players applying for scholarships, and financial needs of the family.
- Scholarships cover partial registration fees. All scholarship recipients are **required to pay half** of the total registration amount with this application. Any and all unpaid balances from any prior

participation in BYFA must be paid before this application will be considered.

Parent(s)/Guardian(s) Commitment

- All scholarship recipients are **required** to have parent/guardian/family member volunteer a **minimum of 10 hours** during the football season. This may include assisting in association activities by helping with equipment sizing, equipment handout, equipment turn in, field setup/tear down, field clean-up, homecoming, BBQs, etc. These hours are in addition to the normal team volunteer needs. Please note, failure to meet your volunteer activity requirements will make you ineligible for any future scholarship considerations from BYFA.

We declare that this information is true and that the applicant meets all of the stated scholarship requirements.

Parent/Guardian 1's Signature: _____ Date: _____

Parent/guardian 1's Printed Name: _____,

Relationship to participant: _____

Parent/Guardian 2's Signature: _____ Date: _____

Parent/Guardian 2's Printed Name: _____,

Relationship to participant: _____

Application for financial aid is due no later than June 1.