



Scholarship Assistance Request Form

ARYFC Scholarship Program

Auburn Ravens Youth Football and Cheer provides registration fee scholarships to local athletes, who without this financial assistance would not otherwise be able to participate. The ARYFC Scholarship Assistance program focuses on providing opportunities for our area youth to participate in football & cheer for the physical, mental, and character-training benefits that this program can provide. Scholarship assistance will be dependent upon the ARYFC funds available, and the actual need shown. Please be aware that at ARYFC our Financial Assistance Funds are limited! Our primary goal is to help as many young athletes participate in ARYFC that we possibly can. Due to the severity of the continuing economic crisis, we anticipate a large number of requests for assistance this season.

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 14 or younger and must reside within the ARYFC territory.
- Commitment to attend a minimum of 95% of scheduled practices and games.
- ***Volunteer Participation by an adult family member for at least 15 hours of voluntary service to Auburn Ravens Youth Football and Cheer during the sport season. Volunteer work will be under the direction of the ARYFC Volunteer Coordinator.***
- Application must be completed by a parent, guardian, or head of household, with all requested information provided. **Incomplete applications will not be considered.**

Consideration will be given to eligible youth meeting one or more of the criteria below. *The more information you can provide us the better we will be able to determine hardship.* **A written request is required to be submitted to ARYFC Scholarship Committee via mail or email, no later than May 1st (Must be postmarked by May 1st to be accepted) Incomplete submissions will not be considered.**

- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. (Must provide written documentation of participation in these programs)
- Written recommendation by school representatives(counselor/teacher/principle), social workers, youth community center workers, or other social services representatives.
- Documentation demonstrating an immediate financial hardship.
- Living in Single Parent home.

Auburn Ravens Youth Football and Cheer
PO Box 922
Auburn, WA 98071
ARYFCravens@gmail.com

3/17/23



*****Approval process of a registration scholarship does not register the participant for ARYFC. You will still need to complete all of the registration documents and attend the proper equipment fitting. *****

Date of application: _____

Player Name: _____

Parent(s) Name: _____

Phone Number _____

Address: _____

City: _____ State: _____ Zip Code: _____

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, you be required to Volunteer an additional 15 hours per scholarship. Please advise how you are willing to offer your Volunteer hours to ARYFC:

The ARYFC Scholarship Committee will review your application and determine if you qualify for an award. Please make sure all information is complete and correct. Any personal information that you are required to provide will be kept confidential within the ARYFC Scholarship Committee.



CONSENT TO RELEASE INFORMATION I understand that my signature authorizes ARYFC 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’s participation in this program requires a commitment to attend a minimum of 95% of the scheduled practices and games and that I (or another adult family member) will volunteer an Additional 15 hours of time towards the ARYFC program.** I agree to notify ARYFC 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: _____

Parent Guardian (Print): _____

Parent /Guardian Signature: _____

Employer: _____