



2024 Scholarship Assistance Request Form

AYFA SCHOLARSHIP PROGRAM

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

Please be aware that at AYFA our Financial Assistance Funds are limited. Our primary goal is to ensure that all young athletes who would like to participate in AYFA are afforded the opportunity to do so. In an effort to help out as many folks as we can, and with the knowledge that there are limited funds, we are asking those of you that can afford to utilize our option of monthly installments rather than receiving a scholarship to please do so.

To make payment arrangements contact presidentayfa@gmail.com. Rather than offering full scholarships, we would like to offer 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.
- Commitment to attend a minimum of 80% of scheduled practices and games.
- Participation by a family member in at least one volunteer opportunity during the scholarship season.
- Full participation in AYFA Fundraiser campaign.
- Application must be completed in full by a parent, guardian, or head of household. Incomplete applications will not be considered.
- Cannot have received scholarships from other organization in addition to that of AYFA for the 2022 football season.
- Willingness to get together with the Scholarship Committee for a confidential interview.

In no particular order, 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.

Appleton Youth Football Association,
Inc.
Appleton WI, 54913



**Approval process of a registration scholarship does not register the participant for AYFA. You will still need to complete all registration documents as well at:

www.appletonyouthfootballassociation.com

Date of application: _____

Player Name: _____

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Team Applying for: Circle One: Chargers 6th / 7th Rebels 6th / 7th Tigers 6th / 7th

What is the household size? Adults: _____ Children under age 18: _____

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

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

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

Please explain your request/circumstances:

*The 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 Board of Directors.

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CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes AYFA 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 80% of the scheduled practices and games. I agree to notify AYFA 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: _____

PLEASE SUBMIT ALL COMPLETED APPLICATIONS TO:
appletonyouthfootball@gmail.com , OR

MAIL TO: **APPLETON YOUTH FOOTBALL ASSOCIATION INC.**
 42 E. PARKVIEW
 WAY APPLETON,
 WI 54913