



GOLDEN MIDGET FOOTBALL ASSOCIATION

of Golden, CO

Player's Name (s): _____

Applicant's Name (parent or guardian): _____

Applicant's Phone:

(day) _____ (night) _____ (cell) _____

Email Address: _____

Please list any government assistance that your family is currently receiving (ex. Food stamps, Medicaid, LEAP, Free & Reduced Lunch, etc.) and attach copy of approval. Current U.S. Military or U.S. Military Veterans needing scholarship assistance automatically qualify. (Please submit proof of service).

Please include any other information about your situation that may apply to the scholarship. Use a separate sheet of paper.

By signing below, I acknowledge that any deliberate misrepresentation of information will be grounds for disqualification. I hereby certify that all of the above information is complete, true and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date _____

Submit this request to scholarship@golden-football.org or mail to:

GAMFA

P.O. Box 707

Golden, CO 80402

Internal Use Only

Approved reduction: _____%

Board Member Signature _____ Date _____