

**Purpose:**

Smithson Valley Youth Football Association (SVYFA) provides scholarships for registration fees to children, who without financial assistance would be unable to participate. SVYFA is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system. SVYFA does not discriminate on the basis of race, color, national origin, sex or disability in its programs and activities.

Eligibility:

- Athletes must be participating in the present year.
- Parents must commit that the athlete will attend a minimum of 95% of all scheduled practices and games.
- The athlete must be enrolled in the district and have passing grades.
- The maximum amount awarded is one scholarship per family per year.

Qualifications:

Please provide all information required to help SVYFA determine qualifications. Scholarship consideration will be given to families that meet the following criteria:

- Provide a copy of your IRS form 1040 from the recent tax year.
- Receive assistance from programs such as: Food Stamps, Medicaid, Foster Care, WIC, etc. and can provide written documentation of participation in these programs.
- Provide recommendation by school representative, social worker, youth community center worker or other social service representative.
- Provide a written statement of immediate financial hardship explaining the current situation. SVYFA recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in SVYFA. In these instances, the SVYFA board will consider the financial hardship statement to determine scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.
- Complete the application process and read and sign the Terms and Conditions statement.
- Provide a current student report card.
- Application must be submitted by registration deadline to be considered.

A parent, guardian, or head of household must complete the application, with all requested information provided. Incomplete or late applications will be denied. The SVYFA board will consider all applications completed with all necessary documentation and received by the deadline. Approval of a registration scholarship does not register the participant in the activity. Athlete must still register online or in person.

SVYFA Scholarship Application Terms and Conditions

“I”, “me”, and “my” refer to the adult scholarship applicant.

___ 1. By signing this form, I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.

___ 2. By signing this form, I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

___ 3. I understand that members of the SVYFA Board of Directors consider each scholarship on a case-by-case basis.

___ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.

___ 5. I understand that I am responsible for all items needed by the athlete that are not supplied by SVYFA. Also, all equipment issued from SVYFA must be returned.

___ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.

___ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, SVYFA may immediately terminate the child’s privilege to benefit from the scholarship program. And, in the case any information was intentionally false, I will repay to SVYFA the full value of any scholarship awarded.

___ 8. I understand it is my responsibility to ensure my child attends 95% of all scheduled practices and games.

X

Printed Name of Adult Applicant

X

Signature of Adult Applicant

X

Name of Scholarship Athlete

X

Date

Athlete's Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

School Athlete Attends: _____ Grade: _____

Athlete Lives With: () Both Parents () Mother () Father () Other: _____

Total Household Annual Income: \$ _____ # of dependent children in the home: _____

Father/Guardian Name: _____ Occupation: _____

Employer Name: _____ Employer Tel. #: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Father/Guardian Monthly Income (including alimony/child support): \$ _____

Mother/Guardian Monthly Income (including alimony/child support): \$ _____

Mother/Guardian Name: _____ Occupation: _____

Employer Name: _____ Employer Tel. #: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Do you currently receive state or federal financial assistance? () Yes () No

If yes, what? _____

If you receive state or federal financial assistance, is this your sole source of income? () Yes () No

Has this athlete ever received scholarships before? () Yes () No

If yes, amount and year? _____

Please indicate supporting documentation being provided:

- () Proof of Income
- () Proof of receipt of state or federal financial assistance
- () Letter from school, social workers, youth community center workers, or other social services representatives
- () Written Personal Statement of Immediate Financial Hardship
- () Most recent student report card

Please submit complete forms to:

20540 State Highway 46 W Ste 115 PMB164

Spring Branch, TX 78070-6825

Or you may submit in-person at a Board meeting