



O'FALLON LITTLE PANTHERS



YOUTH SPORTS SCHOLARSHIP PROGRAM

O'Fallon Little Panthers Youth Sports Club (OLP) provides limited 100% and 50% off registration fee scholarships to children, who without this financial assistance would not be able to participate in one of our OLP sports activities. The OLP scholarship program focuses on providing opportunities for area youth to participate in team sports because of the physical, leadership, and character-building benefits these programs can provide.

Currently, OLP scholarships are offered for participation in the following OLP programs:

- Cheerleading
- Football

Mandatory Requirements for eligibility:

- Participant must be age 14 or younger and not going into the 9th grade
- Commitment to attend a minimum of 80% of all scheduled practices and games
- Participation by a family member in at least ten volunteer credits (plus 2 for each additional child) prior to third week of games in the season
- Application must be completed by a parent, guardian, or head of household, with all requested information provided (Incomplete Applications Will Not Be Considered)

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
- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, Free/Reduced School Lunch, etc. (applicant must provide written documentation of participation in these programs to receive priority status)
- Written recommendation by previous OLP coaches, social workers, youth community center workers, or other social services representatives

Note: Approval of a registration scholarship does not register the participant in the sport. Participant must still register with OLP online at www.littlepanthers.com.



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PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian's Name: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Email: _____

Parent's/Legal Guardian's Address (if different): _____

Street

City State Zip

Parent/Legal Guardian's Name: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Email: _____

Parent's/Legal Guardian's Address (if different): _____

Street

City State Zip

1. Which program(s) are you requesting a scholarship for? () Football () Cheer

2. Has your athlete(s) ever received any scholarships from O'Fallon Little Panthers? () Yes () No
If yes, which program(s) _____ Year _____ Amount: _____
program(s) _____ Year _____ Amount: _____

HOUSEHOLD FINANCIAL INFORMATION

1. Total number of members in household: _____ Adults _____ Children _____ Elderly _____

2. Total household annual income from all sources: _____

3. Are you and/or your spouse currently employed? () Yes () No If yes, please answer the following:

Employer: _____ Length of Employment: _____

Position : _____

Employer: _____ Length of Employment: _____

Position : _____

Employer: _____ Length of Employment: _____

Position : _____



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4. INCOME SOURCES:

Please check all that apply and provide copies of appropriate documents:

<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Short Term Disability Benefits	<input type="checkbox"/> Retirement Pension
<input type="checkbox"/> SSD – Social Security Disability	<input type="checkbox"/> Sick Leave Pay	<input type="checkbox"/> Alimony
<input type="checkbox"/> SSI – Supplemental Security Income	<input type="checkbox"/> Employment Wages	<input type="checkbox"/> Child Support
<input type="checkbox"/> Public Assistance (e.g. Food benefits, WIC)	<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Family & Friend Support
<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Free/Reduced School Lunch
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/>

5. Where else have you applied for assistance? _____

6. What other extra-curricular activities does your athlete participate in? _____

7. Please include any additional info you want consider: _____

CONSENT TO RELEASE INFORMATION

_____ (initials) I understand that my signature authorizes OLP to obtain verification of all information on this application and that additional information may be necessary for approval of this application.

_____ (initials) I certify that all of the information on this form is true and correct.

_____ (initials) I understand that my child's participation in this program requires a commitment to complete the season for the aforementioned sport, participate in 80% of scheduled practices and games.

_____ (initials) I understand, if the scholarship is approved, my participation (or another family member) is required in at least 10 volunteer hours (plus 2 for each additional child). Activities include but are not limited to concessions, field set/up, clean up, etc.

Parent / Guardian Signature: _____ Date: _____

OLP Director's Signature (e.g., Football/Cheer): _____ Date: _____

OLP Executive Board Signature _____ Approval Date: _____