



Milford Eagles Pop Warner Needs-based Registration Fee Scholarship Application

Your Name: _____ Contact Phone: _____

Contact email: _____

Relationship to Participant: Parent Guardian Other: _____

Participant Name/s:

Name: _____ Cheer or Football Birth date: _____

Name: _____ Cheer or Football Birth date: _____

Name: _____ Cheer or Football Birth date: _____

How many years have you/your family child/ren participated in Pop Warner: _____

Have you applied for a Needs-based Registration Fee Scholarship (Hardship) in the past? YES NO

Your status: Single Married Divorced Widowed Total Household Size: _____

Annual Gross Household Income \$ _____ This is for the individual paying for Registration.

Please include all taxed and untaxed income such as child support, social security, disability, unemployment, etc.

The exact scholarship amount will be determined based on a sliding fee scale considering income and household size. We understand individuals may have unique circumstances increasing their need for support. Please offer details below to help us understand your needs:

Are you able to Volunteer for open positions on our Board of Directors, at home games in the snack stand, at the gate, apparel stand, selling 50/50 tickets, or in some other capacity? List interests and skills:

I certify the above information is true and correct and all income is reported. I understand the Executive Board will review my application and *may ask to have the information verified*. Deliberate misrepresentation of this information will disqualify my child from participation in the Milford Eagles Pop Warner Athletic Programs.

Signature of Parent/Guardian

Date

Send completed form via email to mepweboard@googlegroups.com