



## SCHOLARSHIP PROGRAM

### INFORMATION SHEET

#### WHAT IS THE ALL AMERICAN YOUTH FOOTBALL DRILL TEAM SCHOLARSHIP PROGRAM?

This program gives families an opportunity to participate in the AAYFDT Program at a reduced fee. Regardless of financial situation, all students are equal participants in AAYFDT activities and all are held to the same requirements and high standards of excellence and commitment. All those admitted are expected to make football and drill team their priority extra-curricular activity, not spreading themselves too thinly and thus avoiding scheduling conflicts. Parents are responsible for encouraging this level of commitment, and for ensuring that the child gets to practice and games on time and fully prepared for the current season. Parents will be required to work a set amount of volunteer hours. The number of hours will be set by the Booster Club.

#### WHO CAN APPLY AND WHAT IS REQUIRED TO APPLY?

Children must be from 1<sup>st</sup> grade thru 6<sup>th</sup> grade in the current season school year to participate in the AAYFDT program.

Proof of yearly income must be submitted with a completed application to determine if the family's income meets AAYFDT guidelines for low and moderate income. Scholarships are approved for one full season. **You may not receive a scholarship for more than 1 year. Exception if you are the only applicant and it is approved by the booster club committee.**

#### IF MY FAMILY IS APPROVED FOR THE AAYFDT SCHOLARSHIP, WHAT WILL BE THE COST FOR MY CHILD TO ATTEND THE PROGRAM?

- ★ Eligible families receive a up to \$150 off of the AAYFDT registration fee for each child who attends the program. The family's yearly gross income (before taxes) and number of people in the family determines the amount of the fees that will be paid by the Booster Club scholarship fund.
- ★ Parents/guardians are responsible for paying any remaining registration fees plus fundraising option/buyout.

#### HOW DO I APPLY FOR A SCHOLARSHIP?

- ★ Read the attached "Verification of Financial Eligibility" to determine the proof of income that you will need to submit with your application.
- ★ Complete the attached application.
- ★ **Attach photocopies of all financial documents required.** If you submit an incomplete application (i.e., copies of two, current paycheck stubs are not included with the application), this will delay the processing of your application. **All information provided will be kept confidential.**
- ★ **Submit application/photocopies of financial documents to start application process.**

#### PLEASE KEEP IN MIND:

- ★ Booster club level scholarships can vary depending on guidelines set forth by booster club.
- ★ All information is subject to verification.

***Return Application to: Your booster club president.***



## VERIFICATION OF FINANCIAL ELIGIBILITY FOR AAYFDT SCHOLARSHIP APPLICATION

Scholarship applications must be submitted with proof of income for all household members. Applications received without proof of income *cannot* be processed. Please submit Photocopies of all applicable documents, as indicated below, to verify total household income. **Please do not submit original documents.** To ensure confidentiality, please Submit your documents in a sealed envelope marked “AAYFDT Scholarship Application.”

**Annual income is the anticipated total income that will be received by all household members (all related, or nonrelated, individuals who are sharing living expenses: rent, food, clothes, utility bills, medical expenses, etc.) for the 12-month period following the date of your application. Proof of income includes, but is not limited to, photocopies of any of the following documents that apply to your household:**

**Last years W-2 form and at least one of the following that apply below.**

- ★ ***Last two consecutive paycheck stubs for all employment*** — indicating gross pay. This is the full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses; time period covered; and year-to-date gross income
- ★ ***If you are self-employed***, you may submit photocopies of your most recent federal income tax return, indicating net income from operation of a business or profession. Include photocopies of all schedules
- ★ ***AFDC or other assistance programs*** — *most recent* “Notice of Action” from the County indicating cash grant
- ★ ***Social Security or Supplemental Security Income (SSI)*** — “Statement of Benefits” for the current year, “Direct Deposit” notice, or current bank statement indicating Direct Deposit of benefits
- ★ ***Retirement Income (annuities, pensions) form*** — 1099 or last two consecutive paycheck stubs, indicating gross pay, time period covered, and year-to-date gross income
- ★ ***Unemployment insurance benefits, worker’s compensation, or disability income*** — “Statement of Benefits” or most recent check stub indicating the amount
- ★ ***Alimony/Child Support*** — court documents indicating the amount
- ★ ***Family Support (regular contributions received from persons not residing within the household)*** — letter from person(s) providing support, stating amount given
- ★ ***Educational grants, if grant covers living expenses*** — documents indicating amount allotted for living expenses. Any part of the grant that is for school expenses, tuition, books, etc., is not considered income.
- ★ ***Interest/dividends or income from estates/trusts/investments (taxable and nontaxable)*** — 1099 forms
- ★ ***Other forms of proof of income may be accepted in special circumstances.***



## SCHOLARSHIP APPLICATION

Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone
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Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone
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Address: Street	City	Zip
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Parent/Guardian E-mail Addresses: \_\_\_\_\_  
 \_\_\_\_\_

Total number of members in household: \_\_\_\_\_

Name of Child(ren) Participating in Program:	School	Booster Club
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

### HOUSEHOLD INCOME

Sources of Monthly Income	Monthly Total	Received by Whom
Gross wages (before taxes and deductions)	\$ _____	_____
Social/ Supplemental Income	\$ _____	_____
Public Assistance	\$ _____	_____
Child Support	\$ _____	_____
Spousal Support	\$ _____	_____
Other	\$ _____	_____
<b>Total Monthly Income</b>	\$ _____	_____
<b>Total Annual Income</b>	\$ _____	_____

I certify that the above information is correct. I will notify the program immediately if there are any changes, including my income, number of household members, place of residence, and phone number. I understand that the AAYFDT Scholarship is a privilege and not a right, and that it is subject to the income verification statements submitted by me. I also understand that the AAYFDT Scholarship may only pay for a portion of my program fees, and I will be responsible for paying the balance of the program fees directly to the AAYFDT or Booster Club my child participates in prior to the start of the program in which my child is to participate. I certify that I have submitted all copies of applicable documents related to income verification, and certify that they are true and accurate copies of the originals. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from the program. I have read the above statement and understand it.

**PLEASE NOTE: Both parents/guardians need to sign statements below.**

Parent/Guardian Signature	Date
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Parent/Guardian Signature	Date
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BOOSTER CLUB USE ONLY	
Action Taken	_____
Approved By	_____
Amount Awarded	_____
Date	_____

*All information provided on this application will be kept confidential.*