

**DeLand Bulldogs 2020  
Football and Cheerleading  
Scholarship Application**

Football \_\_\_\_\_ Cheer \_\_\_\_\_

Division: TM \_\_\_ MM \_\_\_ JPW \_\_\_ PW \_\_\_ JV \_\_\_ V \_\_\_ U \_\_\_

Child's Name: \_\_\_\_\_

Mother's Name and Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

I, as parent/legal guardian of the above-named participant receiving a scholarship, must pay **\$100.00** towards costs, supply financial information listed below, and work volunteer hours as requested by the DeLand Bulldogs Board of Directors. The amount of volunteer hours will be specified in writing by the DeLand Bulldogs Board of Directors upon approval of this scholarship application. In addition, if a half scholarship is approved, I will abide by all requests for payment of registration fees. I understand that this application can not be submitted until all information and payment is received. The participant will be added to the roster only after approval of the Scholarship by the Board of Directors.

Requesting (Please mark one): **Full Scholarship**                      **Half Scholarship**

Number of persons living in the household: \_\_\_\_\_

Please elaborate on the reason for the scholarship request: \_\_\_\_\_

\_\_\_\_\_

Yearly income of both parents: \_\_\_\_\_ (Proof MUST be attached ex: W-2, pay sub, or letter from employer.)

I as parent/legal guardian of the above-named participant, will abide by the rules and regulations set forth by East Coast Pop Warner and The DeLand Bulldogs Board of Directors.

X \_\_\_\_\_

X \_\_\_\_\_

**Signature**

**Date**

Approved on: \_\_\_\_\_ By the Executive Board Members

**Date**

Board Signatures: \_\_\_\_\_