



Seneca Falls Junior Football and Cheerleading League

Scholarship Assistance Request Application

The Seneca Falls Junior Football and Cheerleading League provides registration fee scholarships to eligible athletes, who without this financial assistance would not otherwise be able to participate. SFJFCL Scholarship Assistance Program focuses on providing opportunities for our area youth to participate in football and cheer for the physical, mental and character training benefits that our program provides.

Please be aware that our financial assistance funds are limited and that ***we are a not for profit organization***. Please do not submit this request unless you have exhausted all other means and avenues of financial assistance. If you still require financial assistance, please submit this form to the League President. Your application will be reviewed by the SFJFCL Executive Board and a determination will be made. Payment Plans are also an option for families.

Requirement for eligibility:

- Athlete must be eligible to participate in our programs per the SFJFCL and FLYFCL rules and regulations.
- Commitment to attend a minimum of 80% of scheduled practices, games and/or competitions.
- Participation by family members in volunteering opportunities and all fundraising activities during the scholarship season with a volunteer minimum of 4 hrs. If you do not meet the volunteer requirements for the current year you will be ineligible to receive a scholarship for the upcoming year.
- Application must be completed by a parent, guardian or head of household. All requested information must be provided upon the application.
- Incomplete applications will not be considered.

Please complete the attached application and submit it directly to the SFJFCL League President or you can mail your forms to SFJFCL, PO Box 81, Seneca Falls, NY 13148. Application deadline is July 15th of the current year.

Please complete a **separate** form for each child you are applying for.

****Approval of a scholarship registration does not register the participant for the SFJFCL participation. Applicant must complete all registration documents as well.****



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Scholarship Assistance Request Application

Date of Application: _____

Applicant Information (Parent or Guardian):

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Email: _____

Participant Information:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Age: _____

Program youth will participate in: (circle one) Football or Cheerleading
Has this youth participated in the SFJFCL program previously? Yes or No

Financial Information:

What is your annual household income? \$ _____
(Please attach a copy of your last Federal Tax Return form and your most recent paystub(s) for household to this application.)

Household size? _____

What is the amount of the scholarship you are requesting? (circle one)
25% 50% 75% 100%

Is a payment plan an option instead of a scholarship? Yes or No
If "No" please explain: _____

Have you attempted to receive financial assistance from sports boosters or others prior to submitting this application as required? Yes or No
Please list who you have applied with: _____

If awarded a scholarship, are you willing to volunteer as needed throughout the season? Yes or No
Please explain your request and circumstances: _____

I understand that my signature authorizes SFJFCL to obtain verification of all the information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and accurate. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices, games and competitions. I understand that our family will be required to complete a minimum of 4 hours of volunteer time during the season and we must participate in ALL fundraising activities. I agree to notify SFJFCL of any change of my income or ability to pay. I am aware that assistance funds are awarded for a maximum of one season, after which time it is my responsibility to reapply.

Parent/Guardian Signature _____ Date _____