

**Youth Financial Assistance Scholarship Program for
East Chatham Chargers (ECC) Football and Cheerleading**

Participant's Name: _____ Birthdate: _____
Address: _____ City: _____ State: _____
School: _____ Teacher: _____ Grade: _____

Parent/Guardian Information

Father's/Guardian's Name: _____ Email: _____
Address: _____ City: _____ State: _____
Home Phone: _____ Cell Phone/Other: _____
Mother's Name: _____ Email: _____
Address: _____ City: _____ State: _____
Home Phone: _____ Cell Phone/Other: _____
Has applicant participated in ECC football or cheerleading before? Yes _____ No _____
Amount of scholarship requested: Full \$ _____ Partial \$ _____
Would you be willing to serve as a Volunteer: _____ Pre/Post Game Setup _____ Concessions
_____ Team Parent _____ Equipment Distribution/Collection _____ other

Please provide a description of why this scholarship is important for your youth to participate in our youth football or cheerleading program. Include why they want to play football or become a cheerleader and why the East Chatham Chargers. Be as specific as possible and include examples.

Please explain financially, why this scholarship would help your child to participate in our program. Be as specific as possible regarding needs and include examples.

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for disqualification from financial assistance.

Parent/Guardian Signature Date

OFFICE/COMMITTEE USE ONLY

Approved _____ Maximum Amount Approved \$ _____
Denied _____ Reason: _____
Approved / Denied By: _____ Date: _____