

Northwest Recreation League Scholarship Guidelines & Application

Northwest Recreation League is proud to serve the Cabarrus County community, offering youth athletic programs in baseball, softball, and soccer. Part of this service includes a scholarship program for eligible families in the community we serve, so that no child is unable to participate in youth sports because of his or her family experiencing financial hardships.

The number of scholarships we provide will be limited only by our financial ability to provide them. It is possible that we may get more applications than we can support, so they will be accepted and reviewed on a first-come, first-served basis. Scholarships are based upon need and may be in the form of partial scholarship, full scholarship, or a payment plan. Scholarships only cover sports registration fees.

The Northwest Recreation League directors will review all scholarship applications and will determine scholarship assistance based on the applicant's income and their demonstrated financial need. The league directors will review all applications received and will use consensus to determine scholarship eligibility.

The following guidelines apply to the scholarship application process:

- Scholarships cover only sports registration fees and may be offered in the form of full scholarship, partial scholarship, or payment plan. Scholarships will not be granted for fees already paid.
- Payment for any fees not covered by scholarship will be due prior to the start of the season, unless a payment plan has been granted.
- Scholarship applications will be accepted only until sports registration for the season has been closed or until available scholarship funds have been allocated.
- Scholarship applications and supporting documentation should be submitted via email or post mail. The league directors may request additional documentation to substantiate financial need.

Please email / mail all forms and documentation to: NorthwestRecreation@gmail.com OR Northwest Recreation League, 366 George W. Liles Parkway NW, #125, Concord, NC 28027

All information submitted to the Northwest Recreation League Directors will be held in strict confidence. Questions may be addressed to the league directors via email at NorthwestRecreation@gmail.com.

Please complete the form below in its entirety. Indicate sections that do not apply to your specific situation with "N/A."

*Parent(s) Name(s): _____

*Parent(s) Address: _____

*Parent(s) Phone Number(s): _____

*Parent(s) E-mail Address (es): _____

*Number of Dependents in Household _____ *Total People in Household _____

*Items denoted with an asterisk are required. Please state "n/a" for items not applicable to your situation

| *Children's Names | *Date of Birth | *Sport | *Played with NW Rec. Before? Yes/No |
|-------------------|----------------|--------|--|
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Do any of your children have special needs? If so, please explain: _____

Have you previously received scholarship(s) from Northwest Recreation League? Circle One: Yes No

If yes, please list the year and season you received the scholarship. Year: _____ Season: _____

*Scholarship Request (please circle): Payment Plan Partial Full

*Please explain the circumstances that make a scholarship necessary. You may attach a separate sheet, if necessary. Please remember to complete this application in its entirety. Your application cannot be processed if you have not completed it properly.

Please complete the following information and attach supporting documentation for items listed below. All amounts listed below should be monthly figures.

Income:

*Parent (1) – Gross Income: \$ _____

*Parent (2) – Gross Income: \$ _____

*Additional Income: \$ _____

*Total Gross Monthly Income: \$ _____

*Total Net (after tax) Monthly Income: \$ _____

Expenses:

*Rent / Mortgage: \$ _____

*Items denoted with an asterisk are required. Please state "n/a" for items not applicable to your situation

*Utilities (Power/Gas): \$ _____

*Telephone: \$ _____

*Cell Phone(s): \$ _____

*Vehicle Payment(s): \$ _____

*Vehicle Insurance: \$ _____

*Medical /Dental Expenses: \$ _____

*Tuition/College Loans: \$ _____

*Child Care: \$ _____

*Debt Payments: \$ _____

*Estimated Monthly Grocery Cost: \$ _____

*Other Monthly Expenses: \$ _____

*Total Monthly Expenses: \$ _____

*****You may be asked to provide paper statements as proof of income/expenses. This information will not be shared outside of the league directors. All information provided in this application is considered confidential will be held in strict confidence.*****

*****By signing this application you certify that you have read the Scholarship Guidelines and understand that you may be responsible for a portion or all of the registration fees based on the decision of the league directors. Furthermore, you certify that all information provided on the scholarship application is true and accurate to the best of your knowledge.*****

Applicant (1) Signature: _____ Date: _____

Applicant (2) Signature: _____ Date: _____

Staff Signature: _____ Date: _____

(Upon receipt of application)

For Office Use Only:

Date Received: _____

Date Processed: _____

Date Applicant Informed of Decision: _____

Notes: _____

Application Status by Date:

Pending: _____

Approved: _____

Denied: _____