

# **LCFCA SCHOLARSHIP APPLICATION**

The purpose of this application is to ensure financial assistance is awarded in a consistent and relevant manner. This application pertains to participation in the Lake Cities Football and Cheerleading Association. **ALL INFORMATION GIVEN TO THE LCFCA SCHOLARSHIP REVIEW COMMITTEE IS CONFIDENTIAL.**

1. Application is available upon request.
2. The following documents are **required** for consideration if applicable:
  - a. Completed Scholarship Application.
  - b. Most recent pay check stub representing pay for the last 30 days.
  - c. Aid to Dependent Children.
  - d. Copy of birth certificate.
  - e. Free/reduced Lunch letter from the current or previous school year.
  - f. Food stamps documentation, or Public Housing documentation.

## **PARENT (S)/GUARDIAN**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

# of Adults in household: \_\_\_\_\_ # of minors: \_\_\_\_\_

Total # of individuals in household: \_\_\_\_\_

## **PARTICIPANT INFORMATION**

### **Child 1:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School attending: \_\_\_\_\_ Age: \_\_\_\_\_ Dob: \_\_\_\_\_

### **Child 2:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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School attending: \_\_\_\_\_ Age: \_\_\_\_\_ Dob: \_\_\_\_\_

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**Child 3:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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Address: \_\_\_\_\_

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City: \_\_\_\_\_ Zip: \_\_\_\_\_

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School attending: \_\_\_\_\_ Age: \_\_\_\_\_ Dob: \_\_\_\_\_

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*Please use another sheet for additional participants if needed.*

**PUBLIC ASSISTANCE ELIGIBILITY**

Please **circle** any public assistance program from which you may receive benefits:

Aid to dependent Children      Free or Reduced Lunch Program      Public Housing      Food Stamps

Other: \_\_\_\_\_

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*Supporting documentation **MUST** be attached to this form for scholarship consideration*

Please describe any extenuating circumstances, you feel might qualify your family for a LCFCA Scholarship:

How much scholarship are you seeking?      Full      Partial

Are you willing to volunteer or assist the board with post game clean up and or concession duty?

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Your signature below indicates that you understand the above requirements for the scholarship program.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**LCFCA BOARD USE ONLY**

APPROVED:		REJECTED:		NOTIFICATION DATE:	
BOARD MEMBER INITIALS:				DATE:	