



# GREENWICH YOUTH FOOTBALL LEAGUE SCHOLARSHIP PROGRAM



The Greenwich Youth Football leagues (GYFL) goal is give all town youths the opportunity to play the wonderful sport of football. GYFL may grant registration fee scholarships to children who without this financial assistance would not be able to participate in our program.

The scholarship committee, which includes your designated team Board, will consider all complete applications received by the application deadline. The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number of applicants, and amount of scholarship funds available. Scholarships are awarded for one per registrant and must be reapplied for on an annual basis if requesting assistance.

GYFL is a non-profit organization with a limited amount of funding available for scholarship athletes. No guarantee of assistance is implied in this application.

## **Requirements for eligibility:**

- Athlete must meet GYFL registration eligibility requirements as spelled out on GYFL.net
- Commitment by the athlete to attend a minimum of 80% of scheduled practices and games.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered. The application is on the following page.
- Scholarship requests must be submitted to your designated team no later than two (2) weeks prior to the regular registration deadline.

## **Application Process:**

- Complete the Youth Athletic Scholarship Application Form, which must be signed by a parent/guardian.
- You will be contacted with a decision one (1) week prior to regular registration end date.
- Scholarship application approval will be based on verification of financial need and availability of scholarship funds.

## **Financial Hardship Criteria:**

Consideration will be given to eligible youth meeting one or more of the criteria below. The more information you can provide us the better able we will be to determine hardship. A written request is required.

- Receiving assistance from programs such as: Free & Reduced School Meals, Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. (Must provide written documentation of participation in these programs)
- Written recommendation by school representatives or social workers.
- Documentation demonstrating an immediate financial hardship.

## **Confidentiality:**

GYFL will use the information on the application only to decide if your child qualifies to receive a partial or full scholarship for eligible athletic activities. Confidentiality will be maintained at all times. Applicants are guaranteed that personal finances will not be discussed outside of the Board. Coaches, instructors or program leaders will not be informed of a participant's financial or scholarship status.

***Greenwich Youth Football League does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability, or cultural and religious backgrounds.***



# GREENWICH YOUTH FOOTBALL LEAGUE SCHOLARSHIP APPLICATION



GYFL TEAM: \_\_\_\_\_ Amount of Scholarship Requested (Circle): Full Half

Athlete Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Telephone: (home) - \_\_\_\_\_ (cell) - \_\_\_\_\_ (work) - \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Financial Hardship Explanation:

Fill out this form and mail or email it to your designated team representative with one or more of the following attachments:

- Documentation showing receipt of assistance such as: Free & Reduced School Meals, Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. **(Must provide written documentation of participation in these programs to be considered for full scholarship)**
- Written recommendation by school representatives or social workers
- Documentation demonstrating an immediate financial hardship

### Greenwich Youth Football League Use Only

Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Amount, if any, Awarded (Circle): Full Half

\_\_\_\_\_  
Team Secretary

\_\_\_\_\_  
Team President