



The Livingston Youth Soccer Association is dedicated to quality service and strives to provide affordable programs for everyone. This Scholarship Program is designed to help Park County residents participate in the programs that might otherwise be financially unfeasible.

Any resident of Park County who wishes to participate in a Livingston Youth Soccer Association program, and is in need of financial assistance, may apply for aid through the Livingston Youth Soccer Association's scholarship program.

All applicants must be a resident of Park County.

Families that are eligible for scholarships may apply for 20% - 100% of program costs and for a maximum of two programs per household, during any fiscal year. Applications will be reviewed to determine eligibility and scholarship amount.

Completion of this application does not guarantee a scholarship from the Livingston Youth Soccer Association. This application must be completed, include necessary attachments, and be approved by the Livingston Youth Soccer Association before programs may be attended.

#### **Steps for completing application:**

1. Complete a scholarship application form.
2. Complete the program registration form online at:  
<http://www.livingstonyouthsoccer.org/leagues/soccer>
3. Send all completed forms and attachments to:  
Livingston Youth Soccer Association  
Attn: Scholarships  
P.O. Box 556  
Livingston, MT 59047  
-OR-  
[nicoleannclayton@gmail.com](mailto:nicoleannclayton@gmail.com)

All scholarships are subject to availability of program space, available funding, and are awarded on a **first come, first serve basis**.

The following is required with your application:

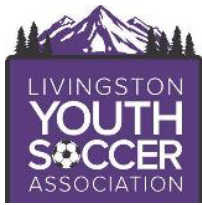
1. Proof of residency (water bill, utility bill, etc.)
2. Program registration form (available online)

#### Mailing Address:

**Livingston Youth Soccer Association**  
**Attn: Scholarships**  
**P.O. Box 556**  
**Livingston, MT 59047**

#### Confidentiality:

The Livingston Youth Soccer Association will use this application information for scholarship approval only. Strict confidentiality will be maintained at all times during the decision making process.



### Scholarship Application

Please complete the following application with required documentation and return to the Livingston Youth Soccer Association.

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program(s) Requested: \_\_\_\_\_

Scholarship Amount Requested: \$ \_\_\_\_\_ # of Household Members: \_\_\_\_\_

Total GROSS (before taxes are withheld) Household Income:

\$ \_\_\_\_\_ (circle one) per Year **OR** Month

I affirm to the best of my knowledge that the above information is true and complete. I understand that my information is confidential and will only be reviewed by the scholarship committee to determine eligibility. A deliberate misrepresentation of the information will result in forfeiture of the scholarship and may prohibit future eligibility in the scholarship program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In order to process this application, please include the following documentation:**

1. Proof of City of Livingston residency (water bill, utility bill, etc.)
2. Proof of online registration.

The following chart will be used by the committee to help determine scholarship eligibility

Persons in Family	2017 Federal Poverty Guideline	Persons in Family	2017 Federal Poverty Guideline
1	\$12,060	5	\$28,780
2	\$16,240	6	\$32,960
3	\$20,420	7	\$37,140
4	\$24,600	8	\$41,320

Please feel free to contact Nicole Clayton, if you have any questions or concerns at (406) 600-2053 or nicoleannclayton@gmail.com

**Department Use Only:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Documentation Received: Yes No Scholarship approved: Yes No

Amount Approved: \_\_\_\_\_ Date Applicant Contacted: \_\_\_\_\_