

Layton AYSO Region 239 Scholarship Application Form

Head of household requesting assistance:

Name: Date:

Address: City: State: Zip:

Home Phone: Other Phone:

Employer: Employer Phone:

Employer Address:

Gross Monthly Household Income:

Total number of people in household:

Are you willing to volunteer? Yes No

Participant Information:

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| --- | --- | --- | --- | --- |
| Name of Participant | M/F | Date of Birth | Grade | School |
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I certify that the above information is true and correct. I understand that failure to meet the terms of this contract will forfeit right to participate.

Signature of Applicant Date

Board Use Only

Application is: Approved Denied Reason for denial:

Signature of Executive Board Member:

Proof of Residency Received: Type:

Proof of Eligibility Received:

Housing Authority ID# Food Stamp ID# Free/Reduced Lunch

AFDC Case # Medical Card # Other

Notification Letter Mail/Email Date: Response Received Date: