Youth Scholarship Application

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Family’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you have health insurance? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_
* Total Annual Family income (please check one):

Less than $20,000 \_\_\_\_\_ $20,000-$30,000 \_\_\_\_\_ $30,000-$40,0000 \_\_\_\_\_ $40,000 and above \_\_\_\_\_\_

* Total Number of family members living in the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is this a single-parent home? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_\_\_
* Check all the programs you currently participate in: reduced lunch \_\_\_\_\_\_\_\_ free lunch \_\_\_\_\_\_\_\_

 Medicaid \_\_\_\_\_\_\_\_ food stamps \_\_\_\_\_\_ other ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

What benefit would your child receive from participating in a youth sports program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What activity would you like your child to receive a scholarship to participate in? Please CIRCLE YOUR CHOICE:

Youth basketball camp youth football camp Jr. tackle football Youth basketball

Youth summer camp youth volleyball camp Tumbling Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has your child ever received a scholarship from the Carpenter Center? Yes \_\_\_\_\_ No\_\_\_\_\_

Parent/Guardian Name (please print): ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is not valid without the signature of the parent or guardian listed above. By signing this form, I certify that the above information is correct and true to the best of my knowledge. I understand that the Carpenter Center is not liable for any damage or injury occurring during the program for which scholarship money is being used. Each scholarship recipient is responsible for his/her own transportation and equipment to the sport program. I also understand that my child’s participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and/or games.

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

The Carpenter Center does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, age, physical ability, or cultural and religious background.

The Carpenter Center encourages providing the opportunity for all youth to participate in and enjoy a recreational experience. To that end, the scholarship program is offered for those meeting the criteria as described herein.

Scholarship funds are intended to cover the registration cost for youth programs. Information provided to the Carpenter Center by scholarship applicants will remain confidential.

* Residents in the Panhandle of Nebraska are eligible to apply for scholarships for the Carpenter Center Programs, on a first-come, first-served basis.
* Funds are based on household income which follows the Nebraska state school lunch program income guidelines. In order to qualify for the scholarship program you must provide a copy of your reduced or free lunch verification at the time of registration.
* All information provided in the scholarship application is confidential and will not be released to others.
* Funding is limited. Due to the limited amount of funding that we receive, only one scholarship will be given out per family.
* Once a scholarship recipient is registered for a program, participation in the full session is required (minimum 80% attendance of scheduled practices and/or competitions). Withdrawal from the program for any unexcused reason will result in scholarship ineligibility for one year.
* Scholarship applications will be reviewed and applicants will only be notified if they receive the scholarship.
* Scholarship funds are for ages 18 and under.
* The Carpenter Center reserves the right to limit the number of scholarships based upon funds available and to decline funding for those applicants who do not meet the scholarship program requirements.
* Scholarships will be reviewed and awarded to those applicants who register during the advertised registration period.
* If you apply for a scholarship and are already participating in our program, all class fees must be paid in full before a scholarship will be awarded.

Thank you for your interest in the scholarship program. Please review the application carefully and complete all sections. Incomplete forms will not be accepted.