Conejo Rams Football Scholarship Application

_____
Parent or Guardian Name

_____
Email Address

_____
Address City State ZIP/Postal Code

_____
Phone

_____
How many children are you applying for

Applying for Cheer_____ Football_____

_____
Child Name DOB

_____
Child Name DOB

_____
Child Name DOB

_____
Child Name DOB

Number of Additional Persons Living in this Household

_____ _____
Minors Adults

Amount you can afford to pay $_____

Qualifying Documents

___Option 1: Fast Track Qualifying Document

My household is enrolled in a federal, state or local government assistance program for food, housing or childcare such as CalFresh, SNAP, WIC, Full Scope Medi-Cal, TANF, CSFP, HUD Voucher, Extended Foster Care; and I have documentation.

___Option 2: Income Verification Documents

_____
Current Annual Household Income (from all adults)

Proof of income Documents showing two months of income (including pay stubs or documentation of government assistance) **Please redact sensitive information before submitting.**

*Note that incomplete applications, or applications submitted without proper supporting documentation, cannot be reviewed or approved.

All records are kept confidential.

We have limited scholarships available. Applications take up to two weeks to process. Once approved, we will notify you of the amount of your scholarship and your scholarship is valid for the current season. Scholarship awards expire 5 days from the date of this award notification. If your scholarship is not accepted within that time you will need to reapply.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Conejo Rams immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

I have read and agree to all policies stated above.

_____
Signature of person completing the form