Jason Rodriguez Scholarship Application

Bay Area Battle Flag Football League

Thank you for your interest in the Jason Rodriguez Scholarship Program.

Our mission is to ensure every child has the opportunity to play, learn, and grow through flag football — regardless of financial circumstances.

Each season, **5–10 scholarships** are awarded to players who demonstrate need, commitment, and good sportsmanship.

Note: Bay Area Battle emphasizes academics as well as athletics. Applicants must submit a copy of their most recent report card along with this application.

Player Information

Player's Full Name:	
Date of Birth:	
Grade Division (circle one):	Pre-K / Kinder / 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th
School Name:	
Current Grade:	
Report Card Attached:	■ Yes ■ No

Parent/Guardian Information

Parent/Guardian Name:	
Phone Number:	
Email Address:	
Home Address:	

Financial Information

(All information is kept confidential and used only for scholarship determination)

Number of people in household:	
Total annual household income (approx	(.) :
Receiving public assistance? (Yes/No):	
If yes, please list:	
Explain your family's current financial ha	ardship and why you are applying:

Commitment	
Vhy do you love playing football?	
Vhat does being a good teammate mea	n to you?
Why is doing well in school important to	

Parent/Guardian Agreement

I certify that the information provided is true and accurate to the best of my knowledge.

I understand that scholarships are limited and awarded based on need, attitude, and commitment to both academics and athletics.

If selected, my child will attend practices, games, maintain good academic standing, and represent Bay Area Battle with good sportsmanship.

Signature:		Date:	
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For Office Use Only

Application Received:	
Reviewed By:	
Approved ■ Denied ■ Partial ■ Amount Awarded: \$	