

TUALATIN YOUTH FOOTBALL ASSOCIATION HARDSHIP SCHOLARSHIP APPLICATION

Player Name _____ Grade in fall _____

School _____

Parent(s)/Guardian Name(s): _____

Address: _____

Home Phone _____

Cell Phone _____

Email (if applicable) _____

Number of people in your household _____

Number of children (less than 18 years of age) in your household _____

Monthly Household Income \$ _____

Explanation of hardship/reason for request :

I, the undersigned, am the parent/guardian of the player named above and am requesting a hardship scholarship from the Tualatin Youth Football Association. I understand that if I don't qualify for a full scholarship, I may qualify for a partial one. In either instance, I will be required to pay the non-refundable \$15 registration fee and \$35 equipment deposit, refundable upon return of equipment in good shape by the date due.

In addition, I understand that I will be expected to volunteer, either in a team position or in the snack shack.

Signed _____

Dated _____

**If you qualify for the federal free meal program, include a copy of your certificate with this application.

Mail application to:
Tualatin Youth Football
C/O Registrar
PO Box 394
Tualatin OR 97062

OR

Email the form to the registrar at:
info@TualatinYouthFootball.org