

Aubrey Area Youth Sports Association Scholarship Eligibility Form

Please provide ALL applicable information on this form.
All information will be kept confidential. Only one scholarship per child per sport per year.

Parent Information

Mother/Guardian

First and Last Name:		SSN:	
Home Address:		City, State, Zip:	
Home Telephone:		E-Mail:	
Employer Name:		Work Telephone:	
Employer Address		City, State, Zip:	
Position Title:		Occupation:	

Father/Guardian

First and Last Name:		SSN:	
Home Address		City, State, Zip:	
Home Telephone:		E-Mail:	
Employer Name:		Work Telephone:	
Employer Address		City, State, Zip:	
Position Title:		Occupation:	

Household Information

Provide information for each household member. Enter the number of members in your household.

Name	Relationship to Applicant	Age	Days/year child resides with you	✓ If Employed

Total number of members in household:

Annual Income

For each household member over 18 who is receiving any of the following sources of income, please enter the requested information under the person's name.

How often are you paid?				
Regular Income	Mother	Father		Total
Wages/ Salaries				
Benefits/ Pensions				
Public Assistance				
Child Support or Alimony				
Other Income				
Other Income				
Total Anticipated Income				

I hereby certify that all the information provided and submitted in support of this application is true and correct as of the date set forth below my signature and that I will be disqualified if it is determined that any or all information provided is invalid.

Signatures: _____

Date: _____

Approved: AAYSA Board: _____

Date: _____