



Scholarship Program

Please read the entire Scholarship Program guidelines; complete, sign and return application, along with registration form and balance due to:

Molalla Youth Sports by **3:00pm on Last Day of Registration** for **MYS** Board consideration.

The **Molalla Youth Sports Scholarship Fund** receives its proceeds by donations from businesses, organizations and individuals in the community. Our goal is that every dollar we receive is spent to meet the needs of the youth in the community. As our income is limited, and the demand greater than the supply, we must be prudent on how we spend the monies which we have been entrusted.

Molalla Youth Sports is committed to providing athletic opportunities to the youth of Molalla. It is our mission to use athletics as a means to teach valuable life skills to the participants by emphasizing ideals such as, but not limited to, sportsmanship, problem solving, and taking on new challenges.

Molalla Youth Sports is aware that personal financial issues for many causes may be of a concern to families when considering registration for their children. For this reason, **Molalla Youth Sports** has adopted a Scholarship Program.

Guidelines:

1. Applicant and youth must be residents of the Molalla River School District.
2. Scholarships will be accepted on a first come, first serve basis.
3. Applicant may receive up to 30% of registration fee, no greater than \$50.00 per fiscal year (01/01 – 12/31).
4. Applicant must fully complete the fund application form and attest to its accuracy.
5. Scholarship requests must be made at time of player sign-ups.
6. Completed applications will be presented to the **Molalla Youth Sports** Board of Directors for determination.
 - a. Incomplete applications will be returned.
7. Scholarship applicants may be requested to appear before the **Molalla Youth Sports** Board of Directors.
8. Scholarship applicants must be willing to sign a contract with **Molalla Youth Sports** agreeing to donate services in return for scholarship compensation to the scholarship sport.
9. Anonymity of requesters shall be honored. No names or specific concerns will be addressed at regular **Molalla Youth Sports** meetings, except during executive session. If your application is approved, your child's coach will receive your name as a scholarship and what you have agreed to volunteer in donated time.



Scholarship Application

Please read the entire Scholarship Program guidelines; complete, sign and return application, along with registration form and balance due to:

Molalla Youth Sports by 3:00pm on Last Day of Registration for **MYS** Board consideration.

Parent's Name: _____
Athlete's Name: _____

Purpose of Funds

Baseball (____) Basketball (____) Soccer (____)
Rookies (____) Softball (____) T-Ball (____)

Personal Information

Number of children living with you: ____ Do they receive free or reduced lunch at school: Yes No
Total Household Income: \$ _____ per month Do you: Rent ____ or Own ____ your home?
Name of Employer: _____ Work Phone: _____

Financial Assistance

Registration Fee: \$ _____ - Amount Requested: \$ _____ = Amount Due: \$ _____
Detailed explanation for request: _____

Have you ever received a scholarship from **MYS** for any of your children? If so, please complete the following:

Player's Name(s) _____
Amount Received \$ _____ *Year & Sport* _____
How did you volunteer in return for this scholarship? _____

Scholarship Compensation and Return of Services Contract

I/We _____ (Parent's Name) have read and understand the scholarship guidelines and application. We understand that **Molalla Youth Sports** is providing a partial or full scholarship compensation in return of my/our services in donated time to the scholarship sport. *Please check one or more of the following:*

___ Head Coach ___ Assistant Coach ___ Fundraising ___ Scorekeeper ___ Pre-Game Field / Gym Prep
___ Uniforms Pick-Up & Distribution ___ Team Awards/Recognitions Coordinator ___ Team Party Organizer

Breach of this agreement will result in denial of future scholarship requests.

Applicant's Signature

Adopted 06/2011

Office Use Only: Date Received: _____ Amount Received: \$ _____ Payment: CK _____ DB/CR MO CASH