 Please return to:

dublinfootball.ohio@gmail.com

**Scholarship Application**

**Applications are due by: July 17th By 5:00pm**

Parent/Guardian's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *First Middle Last*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ *First Middle Last*

Child’s Date of Birth: / / Fall 2019 Grade \_\_\_\_\_ School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Day Month Year*

*Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Street Address Apt. # City State Zip Code Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your family currently qualify for the Free/Reduced Lunch Program? \_\_\_\_⁮ Yes \_\_\_\_ ⁮ No*

*Has the child ever participated in the Dublin Football League before? ⁮\_\_\_\_Yes \_\_\_\_ ⁮No*

*If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Was a scholarship received for this program in previous years? ⁮ \_\_\_Yes ⁮ \_\_\_No*

*What program are you wishing to register you player/players for this season? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Scholarship Application Terms and Guidelines**

*1) The child must be:*

*\*A student in Dublin City Schools.*

*\* On the Free/Reduced Cost Lunch Program during the school year.*

*2 ) Proof of enrollment in the Free/Reduced Lunch Program and residency must be provided at the time of application. Incomplete applications will not be considered.*

*3) Scholarships are available on a first come first serve basis.*

*4) Please provide remaining payment payable to: Dublin Football League. Payment will not be deposited until program registration has been confirmed.*

*5) If you qualify for the free lunch program your fee will be discounted 75%. If you qualify for reduced lunch, the program fee will be discounted 50%.*

*6 ) All scholarships are subject to availability of funds and league openings. The scholarships are awarded on a first-come, first- serve basis for eligible recipients.*

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information provided above and enclosed is correct.*

*Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Board use only:**

**Date Received:\_\_\_\_\_\_\_\_\_\_ Time Received:\_\_\_\_:\_\_\_\_\_\_AM/PM**

**Approved: \_\_\_yes \_\_\_no Date Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Letter sent:\_\_\_\_\_\_\_\_\_\_\_\_**

**Funds Allocated: \_\_\_\_yes \_\_\_\_no**

**Authorizing person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**