

JYSA Scholarship Application Guidelines

The Jasper Youth Sports Association makes grants for the purpose of funding activities for our area youth (ages 12 and Younger). Assistance is provided for those who demonstrate financial hardship by an official state agency and submit required documentation for review by the Scholarship Committee. In order to be eligible for a scholarship, the participant **MUST BE** a legal resident of Pickens County, or be qualified to attend Pickens County Schools.

- A separate application must be submitted for each activity for which funding is requested
- Funding is not available for programs where the fee is less than \$20
- Grants cannot be used for deposits, late fees or any other costs associated with participation i.e., field trips, activity supplies.
- *While volunteering is not required, special consideration may be given to those applicants who indicate their willingness to serve as volunteers with our organization. Volunteer opportunities include work days, league sponsored fund raisers, game day duties, etc.*
- If you are awarded a scholarship and fail to complete the activity without a written medical reason, you may no longer be eligible for monetary assistance from JYSA (i.e. child is awarded scholarship and stops playing mid-season for a non-medical reason).
- Scholarships currently cover registration fees only, and are **NOT** available to cover the cost of uniforms.

The following written documentation must be submitted along with the fully completed scholarship application:

-Application Fee (must be paid PER CHILD, no additional sibling discounts)

Football application fee is \$100

Cheer application fee is \$25 (plus cost of uniform pieces needed)

-Written documentation of hardship from state agency [if child qualifies for free/reduced lunch, TANF, Food Stamps or Medicare/Medicaid, please attach documentation. Acceptable documentation can be an approval letter, a card, or any other official paperwork you have which shows your name/child's name and confirms participation in the program.]

If you are not currently receiving any of the state assistance listed above but feel that your circumstances should qualify you for hardship assistance, please use the space on the application form to describe your situation.

JYSA SCHOLARSHIP APPLICATION

Parent or Legal Guardian: _____

Address: _____

Best contact number: _____

Place of Employment: _____

Gross **Household** Income: (monthly) _____ (annual) _____

Participant Name: _____ Age: _____ School attends: _____

Activity requesting grant for: _____ activity fee: _____

Participant Name: _____ Age _____ School attends: _____

Activity requesting grant for: _____ activity fee: _____

Participant Name: _____ Age _____ School attends: _____

Activity requesting grant for: _____ activity fee: _____

If you feel that you have any special circumstances that might affect the Scholarship Committee's decision please tell us here:

I understand that the submission of this application does not guarantee acceptance. JYSA reserves the right to review all applications prior to approval. I certify that all of the information given, written and submitted is accurate and truthful. Anyone found guilty of falsifying documentation will not be eligible for grant assistance for one year.

Parent or Guardian Signature

Date

Office Use Only

Total Amount Requested: _____ Approved _____ Denied _____ Reason _____

Total Amount Approved: _____ Amount Due by Participant: _____ Date of Decision: _____

Notes: _____