



YOUTH SPORTS FINANCIAL AID APPLICATION

UpLift Athletes offers a limited amount of Financial Aid for Youth Sports programs based on demonstrated need. The UpLift Athletes Financial Aid Committee reviews and approves all applications forwarded from the Executive Director. All application information is kept 100% confidential.

A separate application is required for each sports program. We encourage applicants to make a copy of your completed application and supporting documentation for your records and to assist you in submitting future applications.

If your application is not approved, please consider an Installment Payment Plan which is offered for many sports.

Financial Aid will be offered to applicants for any intramural sports unless the predetermined Financial Aid amounts have been exhausted. UpLift Athletes shall have sole discretion on the awarding of Financial Aid.

You will be notified if your application has been approved.

REQUIREMENT CHECKLIST FOR ELIGIBILITY

1. Commitment to attend a minimum of 80% of scheduled practices and games.
2. Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered.
3. Applicant must submit copy of student's last report card.
4. Applicant must submit previous year's tax return with application.
5. All applications are due 3 weeks prior to the registration closing date for each sport. Incomplete applications will not be considered

FINANCIAL AID PRIORITY WILL BE GIVEN TO ELIGIBLE CHILDREN MEETING ONE OR MORE OF THE CRITERIA BELOW:

1. Member of a multi-child family and/or Living in a single parent home.
2. Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. (Must provide written documentation of participation in these programs to receive priority status)
3. Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives. (Must provide to receive priority status)
4. Special consideration will be given to those applicants that indicate that they are willing to serve as a volunteer on their application.

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Please complete the following information, save the file, and email as an attachment to teresa@upliftathletes.org. One application per child.

Athlete First Name: _____ Athlete Last Name: _____

Sport: _____ Year/Season: _____

Athlete Age: _____ Athlete Birthdate: _____ Athlete Grade: _____

School Athlete Attends: _____

Teacher Name: _____ School Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Athlete lives with: (___) Both parents (___) Mother (___) Father (___) Other

Amount of scholarship requested: Full \$_____ Partial \$_____

Would you be willing to serve as a volunteer? (___) Yes (___) No

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$_____ Own Home? (___) Yes (___) No

Guardian Name: _____

Occupation: _____ Home Phone: _____

Work Phone: _____ Email: _____

Second Guardian Name: _____

Occupation: _____ Home Phone: _____

Work Phone: _____ Email: _____

Has the athlete ever received Financial Aid? (___) Yes (___) No;

If Yes, Year: _____ Sport: _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes UpLift Athletes to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct and that I will comply with each of the "Requirement Checklist for Eligibility" items listed on the Application Instructions.

Parent/Guardian Signature: _____ Date: _____

OFFICE/COMMITTEE USE ONLY

APPLICATION RECEIVED BY UPLIFT ATHLETES: _____ REGISTRATION END DATE: _____

UA FIN CMTEE APPROVAL: _____

AWARD AMOUNT

CHAIRPERSON

SIGNATURE

DATE