



YOUTH SPORTS SCHOLARSHIP PROGRAM

Abilene Youth Sports Authority provides registration fee scholarships to children, who without this financial assistance would not be able to participate in one of the Abilene youth recreational athletic leagues. The AYSA scholarship program focuses on providing opportunities for area youth to participate in recreational team sports because of the physical, mental, and character-training benefits these programs can provide.

Currently, AYSA scholarships are offered for participation in the following leagues:

Dixie Baseball	Wylie Softball
Cedar Creek Baseball	Abilene North Softball
Key City Baseball	Abilene South Softball
Northern Baseball	Abilene Boys Softball
Southern Baseball	Abilene Youth Basketball
Wylie Baseball	Big Country Football
North Jr/Sr Baseball	Big Country Soccer
South Jr/Sr Baseball	Key City Hockey

Requirements for eligibility:

- Athlete must be age 16 or younger.
- Commitment to attend a minimum of 80% of scheduled practices and games.**
- Participation by a family member in at least one (1) volunteer opportunity during the scholarship season.
- Application must be completed by a parent, guardian, or head of household, with **all** requested information provided. (*Incomplete applications will not be considered.*)

Priority will be given to eligible youth meeting one or more of the criteria below:

- Member of a multi-child family.
- Living in a single parent home.
- 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)
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.

****Approval of a registration scholarship does not register the participant in the activity. Athlete must still register with the league.****

Abilene Youth Sports Authority
REGISTRATION SCHOLARSHIP APPLICATION

Please complete the following information, one application per child:

Athlete's Name: _____ **Age:** ____ **Male/Female** ____ **Birthdate:** _____

Address: _____
Street City State Zip

School Athlete Attends: _____ **Grade:** _____

Teacher's Name: _____ **School Phone #:** _____

Athlete lives with: () Both Parents () Mother () Father () Other _____

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

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$ _____

Number of dependent children in your household during the last tax year: _____

Father's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Mother's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Guardian's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Season for scholarship request: () Spring () Fall **Year:** _____

League this scholarship request applies to: *(Please check a box below)*

BASEBALL	<input type="checkbox"/>	Cedar Creek Little League	<input type="checkbox"/>	Wylie Little League
	<input type="checkbox"/>	Dixie Little League	<input type="checkbox"/>	North Jr/Sr League
	<input type="checkbox"/>	Key City Little League	<input type="checkbox"/>	South Jr/Sr League
	<input type="checkbox"/>	Northern Little League	<input type="checkbox"/>	Wylie Jr/Sr League
	<input type="checkbox"/>	Southern Little League	<input type="checkbox"/>	
BASKETBALL	<input type="checkbox"/>	Abilene Youth Basketball Association	<input type="checkbox"/>	
FOOTBALL	<input type="checkbox"/>	Big Country Youth Football	<input type="checkbox"/>	
HOCKEY	<input type="checkbox"/>	Key City Hockey	<input type="checkbox"/>	
SOCCER	<input type="checkbox"/>	Big Country Soccer Association	<input type="checkbox"/>	
SOFTBALL	<input type="checkbox"/>	Abilene North Girls	<input type="checkbox"/>	Wylie Girls Fast Pitch
	<input type="checkbox"/>	Abilene South Girls	<input type="checkbox"/>	Abilene Boys Softball

Has this athlete ever received scholarships from any leagues above? () Yes () No

If yes: Which League(s) _____ Year _____ Amount \$ _____

League _____ Year _____ Amount \$ _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes AYSA 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. **I understand that my child(ren)'s participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games.**

Parent/Guardian Signature

Date

League Representative Signature

Date

AYSA Representative Signature

Date