

## **Lone Peak Youth Football Scholarship Application**

Lone Peak Youth Football District ("LPYF") is pleased to offer a scholarship program for athletes who are in need of financial assistance in order to play football. This program is available to all youth, and a formal evaluation process will be initiated once the parents or guardians of the player complete and submit an application. The amount of assistance is limited each year and based on availability on a first-come first-serve basis. The Scholarship Committee may have to make qualifying adjustments based on the availability of funds. As part of the scholarship Lone Peak Youth Football will require volunteer hours to help with the program (i.e., equipment handout and return, help at the snack shack, etc.) Following this review, the applicant will be notified regarding their eligibility. Financial Aid is granted based on financial need only and is not based on playing ability. If the athlete is able to make a partial payment of the fees and requires assistance to cover the balance, please indicate the amount that can be paid below.

All Scholarship requests are strictly confidential. Information is for the sole purpose of helping the LPYF Scholarship Committee determine financial aid eligibility and will not be shared with anyone except the Scholarship Committee and the Registrar. Please return the completed application to:

Lone Peak Youth Football  
10939 North Alpine Hwy  
PMB 143  
Highland, UT 84003

Player (s) Name: \_\_\_\_\_

Player Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Player Home Phone: \_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

Parent's Address (if different than Player): \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent email: \_\_\_\_\_

Is this your first season at LPYF? Yes No      Age Level: \_\_\_\_\_

Number of children applying for financial aid: \_\_\_\_\_

I am applying for a **FULL** or **PARTIAL** scholarship. (Please circle)

I can contribute \$ \_\_\_\_\_ toward the fees.

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**Statement of Need / Request** *(Please provide any information you feel the committee should take into account when considering your application for financial aid; i.e., change in employment, change in marital status, substantial medical expenses, or other extenuating circumstances.)*

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

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

I certify and affirm the above information is true and complete to the best of my knowledge. I have read the Program Description and understand there is no guarantee of fee assistance. I understand the Lone Peak Youth Football, its officers, directors, coaches, and volunteers make no promise of assurances of financial aid. I understand the award amount is subject to funds available and the family's ability to pay and is NOT based on playing ability. I also understand that volunteer hours to LPYF are required.