

CANTON YOUTH FOOTBALL
SCHOLARSHIP AWARD APPLICATION

Scholarship Criteria

Applicant must:

- be a high school graduate or a senior in high school;
- have been accepted and enrolled in a full-time college program;
- show financial need and academic achievement; and
- have participated in Canton Pop Warner for at least 3 years.

Application Directions

- Applicant must complete this application and Applicant and his/her parent or legal guardian must sign the application in the space provided below;
- All questions must be answered. If a question does not apply, please write "None" or "N/A" in the space provided;
- Submit a copy of your official high school transcript with the application;
- Please be sure to include the number of years you participated in the Canton Pop Warner program; and
- All information requested should be clearly printed or typed.

Applicant's Name: _____

Address: _____

Telephone Number: _____

Name of Secondary or High School: _____

Will you permit your High School to release a copy of your official transcript to the Canton Pop Warner Scholarship Committee? _____

PERSONAL INFORMATION

Number of years Applicant participated in Canton Pop Warner: _____

School activities: _____

Other activities: _____

Awards: _____

Offices Held: _____

Please list your employment history (do not include Company names, just the type of work and dates): _____

In which vocation are you interested? _____

FINANCIAL INFORMATION

College Applicant Will Attend: _____

Tuition Per Year: \$ _____ Room & Board: \$ _____

Portion to be paid by parents/guardians: \$ _____

Parents/Guardians gross income last year: \$ _____

Annual income from other sources: \$ _____

Number of parents'/guardians' dependents: _____

Any other children attending college? _____ If so, what is the cost being borne by parents/guardians? \$ _____

Are there any other extraordinary circumstances drawing on your parents'/guardians' income? _____

Will Applicant receive any other financial aid (excluding loans) other than that being furnished by Applicant or Applicant's parents/guardians? _____

Please list: _____

Applicant and parent/guardian hereby approve the submission of this application and certify that all of the information in this application is complete, accurate and truthful to the best of their knowledge.

APPLICANT: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____