**MMFA – Scholarship Program**

MMFA may grant registration fee scholarships to children who, without financial assistance, would not be able to participate in our program. Scholarships are only available to cover the cost of registration and are not available to cover any additional costs (volunteer and uniform deposits, required cheer accessories, etc.).

The MMFA Board of Directors will consider all complete applications received by the application deadline. The amount of scholarships awarded (if any) may be a partial or full scholarship depending on the number of applicants and the amount of scholarship funds available.

*MMFA is a non-profit organization with a very limited amount of funding available for scholarship athletes. No guarantee of assistance is implied in this application.*

**Requirements for eligibility**:

* Participation by an adult family member in at least **4** hours of voluntary service to MMFA during the season.

*\*\* Note\*\* This is in addition to the 2 hours required to satisfy the volunteer requirements for all families.*

* Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered. The application is on the following page.
* Families are required to participate in any fundraisers offered by the program.
* Scholarship requests must be submitted to MMFA no later than two (2) weeks prior to the registration deadline.
* The Volunteer and Equipment deposits, $20 each, are still required

**Application Process**:

* Complete the Scholarship Application Form, which must be signed by a parent/guardian.
* Scholarship application approval will be based on verification of financial need and availability of scholarship funds.

Consideration will be given to eligible participants who meet one or more of the criteria below. The more information you can provide us the better able we will be to determine hardship. A written request is required.

* Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care,WIC, etc. (Must provide written documentation of participation in these programs)
* Written recommendation by school representatives, social workers, family, or friend of the family.
* Documentation demonstrating an immediate financial hardship.

*MMFA does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability, or cultural and religious backgrounds.*

**MMFA – Scholarship Program**

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s):

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Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for request:** Please provide specific background information regarding the reason for your request. **Applications are reviewed on a case-by-case, season-by-season basis**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applications can be mailed to: **MMFA, PO Box 63, Mechanicsburg, PA 17055** with one or more of the following attachments:

* Written Request from Parent/Guardian (\*Required)
* Documentation showing receipt of assistance such as food Stamps, Medicaid, SSI, Foster Care, WIC, etc.
* Written recommendation by school representatives, social workers, family, or friend of the family
* Documentation demonstrating an immediate financial hardship

**Any questions should be directed to mburgwildcats@gmail.com.**

Signature of Parent/Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association Use Only:

Approved: YES / NO Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If No, Give Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date/Method Player's Family was notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_