

**2024 DeLand Bulldogs Football and
Cheerleading Scholarship Application**

Football _____ Cheer _____ Division Age Group: _____

Amount of Scholarship Funds being requested: \$ _____

Child's Name: _____

Mother's Name and Address: _____

Home Phone: _____ Cell: _____

Employer: _____ Phone: _____

Father's Name: _____

Father's Address (if different): _____

Home Phone: _____ Cell: _____

Employer: _____ Phone: _____

Parent's Email: _____

I, as parent/legal guardian of the above-named participant receiving a scholarship, may pay up to **\$100.00** towards costs, supply financial information listed below, and work volunteer hours as requested by the DeLand Bulldogs Board of Directors. The amount of volunteer hours will be specified in writing by the DeLand Bulldogs Board of Directors upon approval of this scholarship application. In addition, if a half scholarship is approved, I will abide by all requests for payment of registration fees. I understand that this application can not be submitted until all information and payment is received. The participant will be added to the roster only after approval of the Scholarship by the Board of Directors.

Please elaborate on the reason for the scholarship request: _____

Number of persons living in the household: _____

Yearly income of both parents: _____ (Proof MUST be attached ex: W-2, pay sub, or letter from employer.)

I as parent/legal guardian of the above-named participant, will abide by the rules and regulations set forth by East Coast

X _____

X _____

Signature

Date