2024 DeLand Bulldogs Football and Cheerleading Scholarship Application

Mother's Name and Address:	Football Cheer	Division Age Group:
Father's Address (if different): Home Phone: Cell: Employer: Phone: Phone: Parent's Email: I, as parent/legal guardian of the above-named participant receiving a scholarship, may pay up to \$100.00 towards cost 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: Please elaborate on the reason for the scholarship request: (Proof MUST be attached ex: W-2, pay sub, or letter from employer.)	Amount of Scholarship Funds being request	ed: \$
Home Phone:	Child's Name:	
Employer: Phone: Phone: Pather's Name: Pather's Address (if different): Cell: Phone:	Mother's Name and Address:	
Father's Address (if different): Home Phone: Cell: Employer: Phone: Phone: Parent's Email: I, as parent/legal guardian of the above-named participant receiving a scholarship, may pay up to \$100.00 towards cost 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: Please elaborate on the reason for the scholarship request: (Proof MUST be attached ex: W-2, pay sub, or letter from employer.)	Home Phone:	Cell:
Home Phone:	Employer:	Phone:
Home Phone:	Father's Name:	
Employer: Phone: Phone: Phone: Phone: Parent's Email: I, as parent/legal guardian of the above-named participant receiving a scholarship, may pay up to \$100.00 towards cost 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:		
Parent's Email:		
	Employer:	Phone:
I, as parent/legal guardian of the above-named participant receiving a scholarship, may pay up to \$100.00 towards cost 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: Vamber of persons living in the household: Vearly income of both parents: Vearly in	Parent's Email:	
rom employer.) as parent/legal guardian of the above-named participant, will abide by the rules and regulations set forth by East Coast	lease elaborate on the reason for the schol	rship request:
rom employer.) as parent/legal guardian of the above-named participant, will abide by the rules and regulations set forth by East Coast	lumber of persons living in the household:	
as parent/legal guardian of the above-named participant, will abide by the rules and regulations set forth by East Coast	early income of both parents:	(Proof MUST be attached ex: W-2, pay sub, or letter
	rom employer.)	
x x	as parent/legal guardian of the above-name	d participant, will abide by the rules and regulations set forth by East Coa
	C	x

Date

Signature