

**2026 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. 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

Please email your application and supporting documents to: [delandpopwarner@gmail.com](mailto:delandpopwarner@gmail.com)