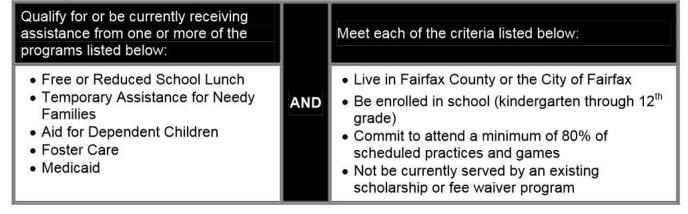
## Neighborhood and Community Services www.fairfaxcounty.gov/ncs

# Youth Sports Scholarship Program

The Fairfax County Neighborhood and Community Services (NCS) provides registration fee scholarships and equipment vouchers to help eligible youth participate in sports programs in Fairfax County. This scholarship program provides assistance to youths from low income families who are not currently being served by existing scholarship or fee waiver programs.

## Eligibility

To be eligible for a scholarship, a child must:



Priority may be given to eligible youth recommended by a Department of Family Services or Fairfax County Public Schools social worker or a NCS program director, or to youth involved with services provided under the Virginia Comprehensive Services Act (CSA) or other Fairfax County human services initiatives.

### To Apply

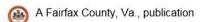
- 1. Applications must be submitted by sports organizations. Parents should complete the application and submit it to their child's sports organization.
- Parents: To apply, complete the application on the reverse of this page. Ensure that the application has been signed by a parent. Attach official documents signifying the child is receiving aid. If such documents are not available, a school employee, social worker, or case worker must sign the form to verify eligibility.
- 3. Parents: Submit the application to the child's sports organization. Do not send the application to NCS.
- 4. Sports Organizations: Submit applications via mail or fax to NCS by the following deadlines:
  - a. Spring Season: May 1
  - b. Summer/Fall Seasons: November 1
  - c. Winter Season: February 1
- Eligible applicants will be confirmed and awarded scholarships beginning one month after the application dead line. Registration waivers will be sent directly to the sports organizations and equipment vouchers will be sent directly to the participants.

If you have any questions, please contact NCS at 703-324-5729, TTY 711 or AthleticServices@fairfaxcounty.gov.



Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations wukk be orivuded yoib request. For more information, call 703-324-4600, TYY 711.

www.fairfaxcounty.gov/ncs



Neighborhood and Community Services, Athletic Services Division 703-324-5729, TTY 711 www.fairfaxcounty.gov/ncs

#### YOUTH SPORTS SCHOLARSHIP PROGRAM APPLICATION

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Child's First Name:	Parent/Guardian's First Name:
Child's Last Name:	Parent/Guardian's Last Name:
Age:	Street Address:
Gender:	City, State, and Zip:
Date of Birth:	Daytime Phone:
School:	Evening or Cell Phone:
Grade:	E-Mail Address:

- With which sports organization/league/club is your child registered to play?\_CUGINI SOCCER CLUB
- . Which season is your child registered to play? Please circle one. Spring Summer Fall Winter

What sport is your child interested in playing? Please circle choice (one sport per season).

Soccer	Football	Lacrosse	Baseball	Cheerleading
Softball	Basketball	Volleyball	Track	Other

Which type of assistance are you requesting? Please circle one choice.

Registration Fee Waiver

Equipment Voucher

**CONSENT TO EXCHANGE INFORMATION** I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child's information. I certify that the information supplied is true and correct and that NCS staff have my permission to verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games.

**REQUEST FOR FEE WAIVER or EQUIPMENT VOUCHER** My child is currently enrolled in a public assistance program such as Free or Reduced Lunch, ADC, Foster Care, or Medicaid. I request a fee waiver or equipment voucher for the Youth Sports Scholarship Program and give my permission for the Department of Family Services to release information verifying my eligibility. I understand that I must submit proof that I am receiving services.

VIRGINIA FREEDOM OF INFORMATION ACT I understand that my child's registration information is public record and, as such, may be released under the Virginia Freedom of Information Act unless I specifically request that this information not be released; therefore: I grant NCS permission to release my child's registration information.

I do not grant NCS permission to release my child's registration information.

Signature of Parent/Guardian	Date.
	nat the child is receiving aid must be attached. If documentation is signed by a school counselor or staff, case worker, or other
I verify this applicant is receiving aid as specified above.  Name of Official Verifying Aid:	
Signature:	_
Position:	Phone:
Name of Aid or Service Program:	Case #(if applicable)

Revised June 2012