



MBYFCC Scholarship Program

The Mechanicsville Braves Youth Football and Cheer Club, Inc. (MBYFCC) proudly offers registration fee scholarships to help eligible families youth participate in the sports programs offered through the MBYFCC. This scholarship program helps to offset participation fees to allow youth from low-income families to participate in our club's sports.

Eligibility:

Qualify for or be currently receiving assistance from one or more of the programs listed below:		Meet each of the criteria below:
<ul style="list-style-type: none">• Free or Reduced School Lunch• Temporary Assistance for Needy Families• Aid for Dependent Children• Foster Care• Medicaid• Current Personal Financial Shortfall	AND	<ul style="list-style-type: none">• Live in St. Mary's County• Be enrolled in school• Commit to a minimum of 75% of seasons participation (this is cumulative between practices and games)• Not be currently served by an existing scholarship or fee waiver program

Priority may be given to eligible youth recommended by their school or social worker.

To Apply:

Application must be completed entirely and submitted, one week prior to seasons start date to be considered. Parents and/or guardians must sign and complete the application and attach a letter of recommendation.

All items should be returned to the Mechanicsville Braves Youth Football and Cheer Club, Inc. at bravesinfo.mbyfc@gmail.com or PO BOX 611, Mechanicsville, MD 20659 or in person to a current club board member.



MBYFCC Scholarship Application Form

Parents complete this form and submit along with letter of recommendation to the MBYFCC.

Child's First Name:	Parent/Guardian's First Name:
Child's Last Name:	Parent/Guardian's Last Name:
Child's Age:	Street Address:
Child's Gender:	City, State and Zip Code:
Child's Date of Birth:	Daytime Phone Number:
Child's School:	Cell Phone Number:
Child's Grade:	Email Address:

We are in need of financial assistance because of the following reason:

Which sport are you registering to play? _____

How much assistance are you requesting? ☐ 100% ☐ 75% ☐ 50% ☐ 25%

Request for fee waiver or equipment voucher: we are requesting a fee waiver because of the above-described situation and/or are currently enrolled in a public assistance program such as free or reduced lunch, ADC, foster care or Medicaid. We request a fee waiver from MBYFCC. If available, I will provide documentation verifying my eligibility. I understand that I do not have to be receiving services to be eligible for a scholarship.

Signature of Parent/Guardian _____ Date _____