

Veterans of Foreign Wars Post 10131 Cape Canaveral, Florida 2015-2016 Youth Sports Scholarship Program



Scholarship Objectives and Contributor

The **Veterans of Foreign Wars Post (VFW) 10131 of Cape Canaveral** Florida is providing scholarships for registration fee waiver of up to \$50 to help eligible youths to participate in a **Space Coast Little League (SCLL)** sports program. This program provides assistance to youth from low-income families who are not currently being served by existing scholarship or fee waiver programs. VFW support also keeps youths engaged in baseball & softball in the community they live in.

Eligibility

To be eligible for a scholarship, a child must:

Meet (1) of the following:

- Free or Reduced School Lunch
- Food Stamps
- Unemployment
- Foster Care
- Medicaid
- Social Security Income

Meet ALL of the following:

- A boy or girl living in the City of Cape Canaveral or attending an eligible school
- League Age 5 14 (as of April 30, 2016)
- Be enrolled in an eligible school:
 - o Cape View Elementary School
 - Cocoa Beach Junior/Senior High School
- Commit to attend a minimum of 80% of scheduled practices and games
- Not be served by an existing scholarship or fee waiver.

Priority may be given to an eligible youth recommended by VFW 10131, SCLL, Cape Canaveral Leisure Services, Cape View Elementary School and Cocoa Beach Junior/Senior High School Guidance Counselor recommendation.

Application Process

Applications must be submitted to Space Coast Little League. Parents should complete the scholarship application in addition to Little League required forms and submit it to SCLL. Scholarships application will be submitted to the VFW and validated prior to the start of the first game/regular practice session. In the interim, applicants are welcomed to attend meetings and practice sessions with SCLL.

- 1. Complete the application on the reverse of this page. Ensure that the application has been signed by a parent.
- 2. Complete the Player Registration, Medical Release, Parent Code of Conduct and Volunteer Form
- 3. 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 application form to verify eligibility.
- 4. Submit the application to Space Coast Little League.
 - a. Mail: P.O. Box 321522, Cocoa Beach Florida 32932-1522
 - b. Email: info@spacecoastlittleleague.org
 - c. Fax: (321) 613-2115
 - d. In-Person:
 - i. VFW10131, 105 Long Point Rd, Cape Canaveral, FL 32920
 - ii. City of Cape Canaveral Leisure Services, 7800 N. Atlantic Ave, Cape Canaveral, FL 32920
- 5. Applications must be submitted by the following deadlines:
 - a. Spring Season: January 1
 - b. Fall Seasons: September 1
- 6. Eligible applicants will be confirmed and awarded scholarships beginning one month after the application deadline. Registration fees will be sent directly to Space Coast Little League so that players are officially on a team roster. Uniforms will be ordered and sent directly to the player by SCLL.

If you have any questions or require assistance, please call/email info@spacecoastlittleleague.org (321) 205-3849.



Office Use Only

Notes:

Reviewed by VFW:

Reviewed by SCLL:

Veterans of Foreign Wars Post 10131 Cape Canaveral, Florida 2015-2016 Youth Sports Scholarship Program



Notify Parent Date:

VFWSCLL 1.1 August 2015

SCLL Processor:

Added to SCLL Database: \square Yes \square No

Youth Sports Scholarship Program Applications

Instruction: Complete the entire form and submit it to Space Coast Little League by the deadline along with all other required forms and documents. Information about the league can be found here: www.spacecoastlittleleague.org.

required forms and documents. Information	rabout the	reagae car	i be roune	<i>i</i> 11C1		spacecoustner	icicagac.org.
Student First Name:		Student Last Name:					
Address:		County:					
City:		State:			Zip Co	de:	
Age: Date of Birth:/	_/	Gender:	□ Male		Female	Grade August	t 2015:
Applying for (check one): ☐ Fall Season ☐ Spring Season							
Referred by: □ VFW □ SCLL □ Cape View	∕ □ CBJSHS	□ N/A □	Other:				
School: □ Cape View Elementary School □ Cocoa Beach J/S High School □ Other:							
Aid Type: ☐ Free or Reduced School Lunch ☐ Social Security Income ☐ Foster Care ☐ Medicaid							
□ Food Stamps □ Unemployment							
Parent/Guardian Name:							
Primary contact numbers: ()	Н	()			M (_)	Other
Email Address (required):							
Has a student ever played: □ Baseball □ Softball? □ Other Sport:							
Baseball Division (ages) □ T-Ball (4-8) □ Rookie (6-9) □ Minor (8–11) □ Major (9-12) □ Junior (13-14)							
Softball Division (ages) Girls, □ T-Ball (4-8) □ Rookie (6-9) □ Minor (8–11) □ Major (9-12) □ Junior (13-14)							
Note: Will not be offered during the fall ball season. If not enough girls in spring season, will be placed on a baseball team.							
CONSENT TO EXCHANGE INFORMATION I understand that information may be needed to verify eligibility for this program and to coordinate services; therefore, I agree to share my child's information between VFW, SCLL and the school checked off above. I certify that the information supplied is true and correct and that VFW10131,SCLL 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 My child is currently enrolled in a public assistance program such as Free or Reduced Lunch, General Relief, Food Stamps, ADC, Foster Care, Medicaid or SSI. I request a registration fee waiver under the VFW10131 Youth Sports Scholarship Program. I understand that if I am receiving Medicaid or SSI, I must submit proof that I am receiving services.							
Signature of Parent/Guardian				Date	e:		
Signature of school counselor or staff, case worker or other official is required to verify aid, unless official documents signifying child is receiving aid are attached.							
Signature of official verifying that applicant is receiving aid:						Date:	
Name:						Position:	
Email:							
Services #or Cas	e #						

Approved

Deposit Date:

Reason:

Check #

Denied \Box

Amount \$