

**YORKVILLE YOUTH ATHLETIC ASSOCIATION
PLAY IT FORWARD SCHOLARSHIP PROGRAM**

CHILD LAST NAME _____, **FIRST** _____

School: _____ Grade: _____

PARENT #1 INFORMATION

Last Name: _____, First _____

Address: _____

E-Mail Address: _____

Preferred Phone: _____

Alternate Phone: _____

PARENT #2 INFORMATION

Last Name: _____, First _____

Address: _____

E-Mail Address: _____

Preferred Phone: _____

Alternate Phone: _____

PROGRAM INFORMATION

A scholarship is requested for (league/program name): _____

Cost of the league/program: \$ _____ Amount Requested: \$ _____

RECOMMENDATION

- Submit a letter of recommendation/reference for child from a teacher, social worker, clergy, youth center worker, or any other non-related adult who believes that child will benefit from participation in one of our programs.

REQUIRED DOCUMENTS

Submit **ONE** of the following proofs of income (*Please DO NOT include originals of any documentation, as they will not be returned*):

- Front page of most recent Federal 1040 tax return, either joint or for each parent (preferred form of income verification), or
- Social Security income benefit statement, or
- Unemployment benefit statement, or
- Disability income benefit statement, or
- Public assistance income benefit statement.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: _____