Our Lady of Perpetual Help - C.Y.O. Participant Scholarship Application

The following is the official application for an OLPH-CYO participant scholarship. This program is designed to help defray the cost of CYO Sports registration fees for those in need, so that every child has the opportunity to participate. In order to qualify for a scholarship, a completed "Participant Scholarship Application" form with Participant & Parent/Guardian signatures must be turned in to the CYO Registrar prior to registration deadline for respective sports seasons.

For families with multiple children, you must submit a separate application for each child. Priority for scholarships will be given on a need-basis throughout each year.

Based on the number of applicants per sports season the request may be awarded only partial funding based on need and availability of scholarships.

In addition, each CYO participant must commit to attending at least 80% of all practices and games should he/she be awarded the scholarship. Parent/Guardian will put forth a "best effort" to participate in CYO volunteer activities and requests for assistance. (Field/Gym duties, Concession duty, other special requests) Failure to do either may result in collection of fees or will affect future applications.

Successful applicants will be notified through their CYO Registrar after all applications have been reviewed.

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Contact Informat	tion				_
Participant Name: _					
Birth Date:		Male/Female	Grad	e:	-
Parent/Guardian Na	ime:				-
Home Phone:			Cell Phone:		
Address:					
Athlete lives with:	Both Parents	Mother	Father	Other	
Scholarship Infor	mation				
Please select the specific volleyball Soccer	_	•	·		
Track			Tee ball		
Amount of Scholarshi Full Scholarship Partial Scholarship					
Number of Depende	ent Children in ho	ousehold:			
Has this child ever re If "yes", whe	eceived a scholar	•			
If the Participant pla	ayed this sport las	st season, list C	oach name:		

Signature and Declaration	
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By signing below, I certify that all the information	• •
By signing below, I certify that all the information understand that my signature affirms my committee.	ment to all requirements of this application: that
By signing below, I certify that all the information	ment to all requirements of this application: that mes and that the Parent/Guardian will put forth
By signing below, I certify that all the information understand that my signature affirms my commit Participant will attend 80% of all practices and gain	ment to all requirements of this application: that mes and that the Parent/Guardian will put forth