

## Youth Sports Scholarship Program

The Fairfax County Department of Community and Recreation Services (CRS) provides registration fee scholarships and equipment voucher 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:

|  |            |  |
|--|------------|--|
| Qualify for or be currently receiving assistance from one or more of the programs listed below:  |            | Meet each of the criteria listed below:  |
| <ul style="list-style-type: none"><li>• Free or Reduced School Lunch</li><li>• Temporary Assistance for Needy Families</li><li>• Aid for Dependent Children</li><li>• Foster Care</li><li>• Medicaid</li></ul> | <b>AND</b> | <ul style="list-style-type: none"><li>• Live in Fairfax County or the City of Fairfax</li><li>• Be enrolled in school (kindergarten through 12<sup>th</sup> grade)</li><li>• Commit to attend a minimum of 80% of scheduled practices and games</li><li>• Not be currently served by an existing scholarship or fee waiver program</li></ul> |

Priority may be given to eligible youth recommended by a Department of Family Services or Fairfax County Public Schools social worker or a CRS 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.
2. **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 CRS.
4. **Sports Organizations:** Submit applications via mail or fax to CRS by the following deadlines:
  - a. Spring Season: May 1
  - b. Summer/Fall Seasons: November 1
  - c. Winter Season: February 1
5. Eligible applicants will be confirmed and awarded scholarships beginning one month after the application deadline. 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 CRS at 703-324-5649, TTY 711 or [AthleticServices@fairfaxcounty.gov](mailto:AthleticServices@fairfaxcounty.gov).



Fairfax County is committed to a policy of nondiscrimination in all county programs, services and activities and will provide reasonable accommodations upon request. To request special accommodations call 703-324-4386, TTY 711. Please allow ten working days in advance of the event in order to make the necessary arrangements.



**YOUTH SPORTS SCHOLARSHIP PROGRAM APPLICATION**

**Parents: Complete this form and submit it to your child's sports organization. Submit one application per child, per season.**

**Sports Organizations: Submit this form to CRS by the season due date.**

|                |                         |
|----------------|-------------------------|
| Child's Name:  | Parent/Guardian's Name: |
| Age:           | Address:                |
| Gender:        |                         |
| Date of Birth: | Daytime Phone:          |
| School:        | Evening or Cell Phone:  |
| Grade:         | E-Mail Address:         |

**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 _____  |

**With which sports organization/league/club is your child registered to play?** \_\_\_\_\_

**For which season is your child registered to play? Please circle one choice.** Spring Summer Fall Winter

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

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A non-returnable copy of official documentation signifying that the child is receiving aid must be attached. If documentation is not available, the following section must be completed and signed by a school counselor or staff, case worker, or other official.**

|  |               |
|--|---------------|
| 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 #: _____ |