



“EVERY CHILD PLAYS” YOUTH SPORTS LEAGUE SCHOLARSHIP PROGRAM APPLICATION

Complete and return this application along with **ALL REQUIRED DOCUMENTS** to the Community Services and Recreation Department at 15300 Downey Avenue, Paramount, CA 90723. Your application will not be processed without proof of income.

Parent/Guardian:	DOB:	Age:
Mailing Address:		
E-mail Address:	Primary Phone:	
Place of Employment:	Work Phone:	

Person(s) in Household Seeking a Youth Scholarship:

Child #1 Name:	Age:	DOB:	Gender:
School of Attendance:			Grade Level:
List Sport Organization/League Your Child Will be Registering for:			Season:
Child #2 Name:	Age:	DOB:	Gender:
School of Attendance:			Grade Level:
List Sport Organization/League Your Child Will be Registering for:			Season:
Child #3 Name:	Age:	DOB:	Gender:
School of Attendance:			Grade Level:
List Sport Organization/League Your Child Will be Registering for:			Season:
Child #4 Name:	Age:	DOB:	Gender:
School of Attendance:			Grade Level:
List Sport Organization/League Your Child Will be Registering for:			Season:

Income Source (Check all that apply):		
<input type="checkbox"/> Work/Employment	<input type="checkbox"/> Sales/Work Commission	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Child/Spousal Support	<input type="checkbox"/> Cash Aid	<input type="checkbox"/> Social Security
<input type="checkbox"/> State Disability	<input type="checkbox"/> Workers Comp.	<input type="checkbox"/> Other _____
Total Income Combined \$ _____		
I am able to pay \$ _____ towards the cost of the program.		

I affirm that the information provided is complete, true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Today's Date: _____

Office Use Only:

Date Application Received:	Annual Income:	Qualification %:
Eligibility Approved By:	Date:	Funding Approved By:
		Date: