



Layton AYSO Region 239
Scholarship Application Form

Head of household requesting assistance: _____

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Other Phone: _____
 Employer: _____ Employer Phone: _____
 Employer Address: _____
 Gross Monthly Household Income: _____
 Total number of people in household: _____
 Are you willing to volunteer? Yes No

Participant Information:

Name of Participant	M/F	Date of Birth	Grade	School

I certify that the above information is true and correct. I understand that failure to meet the terms of this contract will forfeit right to participate.

Signature of Applicant _____

Date _____

Board Use Only

Application is: Approved Denied Reason for denial: _____

Signature of Executive Board Member: _____

Proof of Residency Received: Type: _____

Proof of Eligibility Received:

Housing Authority ID#	Food Stamp ID#	Free/Reduced Lunch
AFDC Case #	Medical Card #	Other

Notification Letter Mail/Email Date: _____

Response Received Date: _____