

SCHOLARSHIP APPLICATION

Our goal at Cherry Creek Youth sports is to offer quality athletic programs and encourage as many kids to participate and compete in youth athletics as possible. As evidence of our commitment to this goal, CCYS generously offers full scholarships in all our programs for those in need. In helping these children, we ask for your help in return by requiring parents/guardians of scholarship recipients to contribute a minimum of 20 hours of volunteer service to CCYS for each scholarship awarded. By working together we are able to maintain the quality of our programs and get as many kids participating as possible. Scholarships are limited and awarded by need on a case-by-case basis by the respective CCYS Sport Commisoner(s). All Application materials must be turned in to the CCYS office (address) prior to the start of each season. Please complete an application below for each scholarship requested. Illegible or incomplete information will disqualify your application.

Name:		Date:	
Mailing Address:			
Number & Street	City		Zip
Telephone: ()	E-mail Address:		
Child's Name:		Age:	
Sport:		Season/Year:	
School:	Subdivision:		
By checking this box, I agree to 20 he *(Failure to check this box will disqu		f my Scholarship Application i	s approved.
In the space below, please include a person to complete this section will disqualify yo		onal pages if necessary.	•
Signature of Parent/Guardian:		Date:	
Signature of Parent/Guardian:		Date:	<u>.</u>
	DO NOT WRITE BELOW TH	IS LINE	
Received by:		Date Received: _	
Request: Approved D	Denied	Date:	
Approval Signatures: CCYS Spor	rt Commissioner	Date:	