

Fairfield Youth Football

2018 SCHOLARSHIP REQUEST FORM

In order to consider your request for scholarship, we ask that you complete this form for our records prior to start of 2018 season. All requests will be reviewed by assigned members of the Board of Directors.

Please mail the form to PO Box 131, Fairfield, CT 06824 or email to webmaster@faifieldyouthfootball.oeg

Player Name: _____

Player Date of Birth: ____/____/____ Player Grade (18/19 school year): _____

Parent Information:

Guardian 1 Name: _____

Guardian 2 Name: _____

Street Address: _____

City, State, ZIP: _____

Home Phone: _____ Email: _____

Amount of Scholarship Requested: \$_____ Partial Scholarship Full Scholarship

In order to accommodate as many requests as possible, we encourage (as applicable) any contributions made towards partial scholarship requests.

Brief Reason for Scholarship Request:

For Wildcats Administrative Use Only:

Scholarship Request Received: ____/____/____ Approved by: _____

Amount Granted: \$_____ Partial Scholarship Full Scholarship