



CLINTON YOUTH FOOTBALL & CHEERLEADING, LLC SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Parent's Name:

Current Address:

City:

State:

ZIP Code:

Home Phone:

Work Phone:

Cell Phone:

Child's Name :

Grade:

School:

Program: (check one)

Football

Cheerleading

Division:

Fee:

Are you registered with the State for Assistance?

Yes

No

Are you registered with Clinton Social Services?

Yes

No

Can you pay any portion of the program you are requesting help with?

Yes

No

If Yes, how much can you afford?

If being set up on an installment plan would help you, please indicate what you can afford on a monthly basis:

Please indicate which areas you are interested in volunteering:

Coaching

Concession

Fundraising

Other _____

Is there any other information we should be aware of?

Applicant's Signature:

Date:

Please understand that your application will be reviewed by the Clinton Youth Football & Cheerleading Board and you will be notified when a decision has been made.

Please return this application to:

Clinton Youth Football and Cheerleading, LLC

Attn: Chris Aniskovich, President

P.O. Box 260

Clinton, CT, 06413