



P.O. Box 552, Brush Prairie, WA 98606

Scholarship Request Form

Complete and return this form and the required information to North County Pop Warner no later than August 14th of the current season. A Scholarship committee from North county Pop Warner will meet and review all Scholarship Request Forms. Each applicant will be notified ***after the August monthly board meeting*** of the current season, with a decision on your Scholarship Request Form. Scholarship Request Eligibility Requirements: (Applications will NOT be considered if any requested information is missing.) To be eligible for a FULL and/or PARTIAL Scholarship, you must provide NCPW the following information:

- A copy of a Notice of Approval for Free or Reduced School Lunches
- A detailed written explanation of your financial hardship. (Supporting documents may be requested)
- A written letter from EACH potential scholarship recipient stating "Why Football or Cheer is important to me"

Contact Information: (Please Print)

Legal Guardian/Parents Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone #: _____

Email Address: _____

Participant Information: (Please Print)

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

If your Scholarship request is approved. the following terms and conditions will apply:

1. The Scholarship, whether FULL or PARTIAL is only applied to the registration fee for the current NCPW Season.
2. Parents or Legal Guardian agrees to volunteer at least 4 hours per scholarship recipient at NCPW fundraisers, such as, but not limited to, game day gate booth, bounce house, dinner auction, concessions, fan gear booth. Individual team fundraisers DO NOT count towards the needed volunteer hours.
3. If you are only approved for a Partial Scholarship, payment must be received in full by September 14th of the current season.
4. Failure to comply with these terms and conditions will affect the eligibility for future scholarships.

I/We, as the Parents or Legal Guardian of the Player(s) named above, attest to the truth of the submitted information to the best of my/our knowledge.

Parent/Legal Guardian Signature: _____ Date: _____