

Youth Sports Fund of Grayson County Scholarship Application

The Youth Sports Fund of Grayson County encourages and supports youth participation in recreational sports and making these opportunities available to any player, regardless of their financial situation. The Youth Sports Fund of Grayson County offers scholarships for families who need financial assistance for children to play sports.

Please fill out this form completely and submit to our office by the following deadlines: Spring Baseball, Soccer, Softball – March 7 Fall Football – August 1 Fall Baseball, Soccer, Softball – September 1 Winter Basketball – October 15

Youth Sports Scholarship Guidelines:

- Applications are accepted from youth living in Grayson County who plan to play recreational Baseball, Basketball, Cheerleading, Football, Soccer or Softball.
- Scholarships may cover all or a portion of registration fees and/or sports equipment.
- Scholarships will be paid directly to the sports league, not to the individual participants.
- Scholarships are for one season and awarded based on need.
- Funding is limited, and scholarships are not guaranteed to all applicants.
- Travel expenses and extra "team" tournaments or expenses are not covered.
- Children of CKCF staff and Board Members are not eligible for scholarship assistance.

Please send all scholarship applications to: Central Kentucky Community Foundation 200 Jim Owen Drive Elizabethtown, KY 42701 270-737-8393

Or by email to: info@ckcf4people.org



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Play	ver Inf	<u>orma</u> ti	ion		
Name	Age	Schoo	ol		Grade
Home Address			City/ Z	ip	
Sport your child will be playing:			Cost of	f League: \$	
League Name:					
Has your child played sports before? Y / N If yes, wha Has your child been funded through the Youth Sports Fund			v previous	ly? V / N	
Parent/Gu					
Name		one Nu		Email	
Address (if different from player)				Place of Employment	
Name	Ph	one Nu	mber	Email	
Address (if different from player)	I			Place of Employment	
Please share why you are applying for financial as Why would you like your child to play sports?		e. (Attao		onal page(s) if needed)	
How are you financially contributing to the cost? _ Assistance Requesting: \Box 50% \Box 100% \Box Other Please list equipment needs if checked: Do you have transportation – time and vehicle to g You must report income for all household members: this support/alimony, pensions/retirement, and all other income. Family annual income: \$ # of add	r get your includes	child to earnings	o games/ from wor	/practice? Y / N k, income from public assistance/cl	
I understand the practice and game time commitme participates fully in the sports program.	ent for	my chil	d to part	icipate and agree to ensure m	y child
Signature of Parent/Guardian	I			ate	
How did you hear about the scholarship program?					