

UPPER CAPE SPARTANS SCHOLARSHIP REQUEST APPLICATION 2013 SEASON

Guidelines

The Upper Cape Spartans (UCS) will continue to provide registration fee scholarships to help our youth participate in sports programs in the Upper Cape area. Specifically, this scholarship program provides assistance to youths from low income families or families who have experienced sudden financial hardships. Along with this application you must still fill out the required registration and consent forms for your child.

To be eligible for a UCS sports scholarship, a child must:

- Qualify for free or reduced school lunch or
- Be receiving assistance from one or more of the following programs: General Relief, food stamps, ADC, Foster Care, Medicaid or SSI
- Child's family must show that they are experiencing a sudden financial hardship

And:

- Be schooled-aged;
- Make a commitment to attend a minimum of 90% of scheduled practices and games.

Priority is given to eligible youth meeting one or more of the criteria below:

- Member of a Multi-child family
- Living in a single parent home
- Recommended by a Department of Children and Families social worker or an Upper Cape Public Schools social worker, counselor, principal.

If your child meets the above guidelines and is eligible for this program, please fill out the attached UCS Scholarship Program Application.

Mail the completed application and supporting documents to:

The Upper Cape Spartans P.O. Box 157 Mashpee, Ma. 02649

If you have any questions feel free to email the President of the Board of Trustees at mark.rodgers@uppercapespartans.com.



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Child's Name:	Age: _	Male:	_ Female:_	
Birthdate:/ (mm	/dd/yyyy)			
Parent/Guardian:	Home	Home Phone: ()		
 Work Phone: ()	Mobile Phone: ()	-		
Email:				
Family Address:				
Street	City	State	Zip	
School Child Attends:		Grade:		
	·	NO		
If yes to sudden financial hardship	o, please briefly explain:			
Has your family experienced a sud	o, please briefly explain:	noice	eading	



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I certify that all of the information I have supplied is true and correct. I understand that my child(ren)'s participation in this program requires a commitment they attend a minimum of 90% of the scheduled practices and games.

I am currently enrolled in a public assistance program mentioned above or have experienced a sudden financial hardship in the family. I request a scholarship from the Upper Cape Spartans (UCS) and give my permission for the UCS to verify the above information:

Parent/Guardian Signature:		
	Date/_	
(Printed Name of Parent or Guardian)		