



CREEKVIEW JUNIOR GRIZZLY FOOTBALL SCHOLARSHIP APPLICATION

(Please Print or Type)

PLAYER INFORMATION			
First name:	Last Name:		
Date of Birth (mm/dd/yy):	Age (on August 31 st):	Grade (in Fall):	
Address:	City:	State:	Zip:
Best Phone Number to reach parent or guardian:		Best Active E-mail address to reach parent or guardian:	
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other – Explain: _____			
PARENT/GUARDIAN INFORMATION			
Dad's Name:	Dad's Cell Phone Number:	Dad's Work Phone Number:	
Mom's Name:	Mom's Cell Phone Number:	Mom's Work Phone Number:	
Dad's Occupation:		Mom's Occupation:	
Approximate Combined Household Annual Income: \$ _____ Do you currently benefit from financial support via the help of government programs? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received scholarship or financial assistance from any other sports organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones? _____			
DETAILS/EXPLANATION			
Please include details to explain why you are applying for a Scholarship: 			
WAIVER/RELEASE FORM			
By signing below, I, _____, the parent, legal guardian, and/or custodian of the minor named above (herein referred to as "player") wish to be consider for a CreekviewJunior Grizzly Football scholarship. I do hereby acknowledge and undersatand the the information provided within will be verified before my application is considered; therefore, I certify the informati-on supplied is true and correct. I grant permission for the Creekview Junior Grizzly Football program to verify the information on this application.			
I understand that mny child's participation in this program requires a commitment to attend all scheduled activities and will only be excused with a doctor's note. I understand that I will be held responsible for fundraising activities in an effort to raise money to help offset the associated fees for my player to participate in this program. I understand that I will be required to perform volunteer work at multiple CJGF functions; I acknowledge and understand that if I do not fulfill these duties my player is subject to ineligibility			
Parent/Guardian signature:			Date: