

PLAYS

Youth Sports Scholarship Program

Family Participation

- Athlete must be between the ages of 4-16
- Athlete is requested to attend at least 75% of scheduled practices and games
- A Family member is requested to assist with at least one (1) league volunteer opportunity during the scholarship season
- Family is requested to complete a **PLAYS** evaluation at the end of the scholarship season
- Limited to a maximum of 3 children per family.
- Limited to one sport season at a time.
- Maximum of 2 scholarships for a child in a calendar year.

Completing a scholarship application does not guarantee that you will receive financial assistance.

Local Youth League Partners

Participation in these Community Recreational Leagues is eligible for AYSA **PLAYS** Scholarship Application.

- *Abilene Boys/Girls Softball Association*
 - *District V Youth Baseball Leagues*
 - *Key City Hockey Association*
- *West Texas Youth Football Association*
 - *Abilene North Softball Association*
- *Abilene Fastpitch Softball Association*
 - *Wylie Fastpitch Softball Association*
 - *Big Country Soccer Association*

PLAYS Application

(Must be completed in full for scholarship consideration)

Athlete Name: _____ Age: _____ DOB: _____ () Male () Female

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

School: _____ Grade: _____ Teacher: _____

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$ _____ Total Family Members in Home: _____
(Proof of Household Income is required: Copy of Paycheck, or Gov't. Assistance Check, or W-2 Statement)

Father

Name: _____ Phone: _____

Email: _____ Ann. Income: \$ _____

Employer: _____ Work Phone: _____

Mother

Name: _____ Phone: _____

Email: _____ Ann. Income: \$ _____

Employer: _____ Work Phone: _____

Guardian

Name: _____ Phone: _____

Email: _____ Ann. Income: \$ _____

Employer: _____ Work Phone: _____

Athlete Lives With: () Both Parents () Mother () Father () Other _____

Scholarship Requested: () Full () Partial Scholarship Request Amount: \$ _____

Youth League: _____ Season: () Winter () Spring () Summer () Fall

Recommended To **PLAYS** by: _____ Phone: _____

I UNDERSTAND THAT MY SIGNATURE AUTHORIZES AYSA TO OBTAIN VERIFICATION OF ALL INFORMATION ON THIS APPLICATION, AND ADDITIONAL INFORMATION MAY BE NECESSARY. I CERTIFY THAT ALL OF THIS INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT SIMPLY COMPLETING THIS APPLICATION DOES NOT IN ANY WAY GUARANTEE MY RECEIVING FINANCIAL ASSISTANCE FROM AYSA. I UNDERSTAND THAT THIS PROGRAM REQUIRES MY CHILD'S PARTICIPATION IN 75% OF SCHEDULED GAMES AND PRACTICES..

Parent/Guardian Signature

Date