



STAY-IN THE GAME  
Youth Sports Scholarship Application

Sport: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (Home)(\_\_\_\_) \_\_\_\_\_ (cell), (\_\_\_\_) \_\_\_\_\_ (work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Attachments:**

- Written Request from Parent/Guardian
- Documentation showing receipt of assistance such as food Stamps, Medicaid, SSI, Foster Care, etc.
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.
- Documentation demonstrating an immediate financial hardship

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**For MAC Athletic Use Only**

Approved \_\_\_\_ Disapproved \_\_\_\_ Amount, if any, Awarded \$ \_\_\_\_\_

\_\_\_\_\_  
MAC Athletics Exe. Director

\_\_\_\_\_  
MAC Athletics Secretary

\_\_\_\_\_  
MAC Athletics Treasurer

**TERMS AND CONDITIONS:**

By signing this form, I certify that the above information is correct to the best of my knowledge. I understand that MAC Athletics, through awarding of a scholarship, is not liable for any damage or injury occurring during participation in the sport for which the scholarship money is being used. Each scholarship recipient is responsible for his/her transportation to and from practices and games. You are also responsible for any equipment and uniforms required for participation. Scholarships will not be paid to the individual recipient, nor will any money be refundable to the individual. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from this program.

- If a scholarship is awarded to a child for a season and the child quits, the child will not be eligible to receive another scholarship.
- If a scholarship is awarded, participation by a family member in at least (3) volunteer opportunities is required during the scholarship season.
- If a family has more than one child applying for a scholarship, an application must be completed for each child.
- Each scholarship application will be considered on a case-by-case basis by MAC Athletics Exe. Director, Secretary and Treasurer.

**This application is considered private and will not be shared with anyone other than those representatives.**

By signing below, I agree to the above conditions. I understand that if the conditions above are not met in any way, my child will not be eligible for a MAC Athletics scholarship.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participants Name: \_\_\_\_\_