**Oviedo Pop Warner Football & Cheer**

 **Scholarship Program**

Oviedo Pop Warner is proud to serve the Oviedo community, offering a Football and Cheerleading program. Part of this service includes a scholarship program for deserving families in the community we serve, so that every child can participate regardless of his or her family income. The number of scholarships we provide will be limited only by our financial ability to provide them. Our goal is to help every deserving family that we can. It is possible that we may get more applications that we can support, so they will be accepted and reviewed on a first-come, first served basis.

# Option 1

Oviedo Pop Warner encourages providing the opportunity for all youth to participate in and enjoy the Pop Warner experience. To that end, the scholarship program is offered for those meeting the criteria as described below. Scholarship funds are intended to cover a portion of registration costs for families with legitimate financial reasons.

* Residents within the Oviedo School District are given priority and funds are distributed on a first come, first served basis to applicants.
* Funds are based upon participating families with the state school lunch program income guidelines.
* All information provided in the scholarship request will be confidential and will not be released to others.
* Once a scholarship recipient is registered for OPW, participation in the full program session is required.

Withdrawal from the program for any unexcused reason will result in scholarship ineligibility for one year.

* Payment for any fees not covered by scholarship will be due before the season starts- August 1, 2020.
* Scholarship funds are for youth under the age of 15.
* Oviedo Pop Warner reserves the right to limit the number of scholarships based upon funds available and to decline funding for those applicants who do not meet the scholarship program requirements.
* Scholarships require supporting documentation. The paperwork can be submitted to the Oviedo Pop Warner President Josh DeSoto via email: oviedocommish@gmail.com.

# Minimum Requirements

1.) The applicant must meet the minimum OPW participation requirements.

2.) Any person applying for financial assistance will be asked to pay a portion of the program fee.

3.) Financial Assistance will be made available based on need, if funds are available, and based on the order in which the completed financial assistance application is received.

# Duration and Continuation

1.) Financial Assistance will be granted for the 2020 Football/Cheer season only.

2.) Once a scholarship recipient is registered for OPW, participation in the full program session is required. Withdrawal from the program for any unexcused reason will result in scholarship ineligibility for one year.

3.) Past due payment of program fees or failure to comply with the terms and conditions of the scholarship agreement by the recipient will result in OPW discontinuing financial aid and the participant(s) will be removed from the OPW Program(s).

# Necessary for consideration

1.) Documentation from the players/cheerleader’s state school lunch program validating the family’s income and meal benefits.

2.) Scholarship will vary regarding the benefits for free or reduced cost of meals they qualify for.

Website for the meal benefits: <http://diningservices.scps.us/apply-for-meal-benefits/>

**Option 2**

Additional there is another program a player can request to assist with football and cheer costs. For the 2020 season scholarships will be offered through a new program we’ve developed that asks parents requesting scholarship help fundraise through a sponsor that they obtain. The scholarships will be broken down as follows:

$350.00 Sponsorships = $75.00 registration discount. Your registration cost $150.00 w/sponsorship

$500.00 Sponsorships = $150.00 registration discount. Your registration cost $75.00 w/sponsorship $1000.00 Sponsorships = $225.00 registration discount. Your registration cost $0.00 w/sponsorship

This program will allow us to improve your league, purchase new equipment, also replace football and cheer uniforms for our athletes. This program will allow us to offer you significant savings for registration cost while limiting fundraisers throughout the season to a minimum. Please use the attached forms to provide to businesses that will help explain the benefits for partnering with the Lions for our upcoming season.

**Oviedo Pop Warner Football Association Financial Assistance Information**

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living at home? \_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living at home? \_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of person(s) in household under 18 years of age\_\_\_\_\_\_

Number of person(s) in household over 18 years of age\_\_\_\_\_\_

First person for which financial assistance is being requested:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_

Grade in school\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second person for which financial assistance is being requested:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_

Grade in school\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*All information provided to OPW will be held in strict confidence. \*\*

**Oviedo Pop Warner Football Association**

Financial Assistance Agreement

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying for (Children’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of the financial assistance program is to provide partial financial assistance for OPW registration expenses to participant families in the Oviedo School District area, and who wish to take part in the OPW football or cheer program and believe they are unable to afford the full cost of the program.

Financial assistance is made possible by contributions made to the OPW Football Association through annual fundraising campaigns and donations from corporate, business and personal contributions.

I understand the terms of the OPW Football Association financial assistance agreement as follows:

1.) Financial assistance is provided based on the availability of funds, amount of space within requested programs and the number of people seeking assistance.

2.) The OPW Football Association reserves the right to reduce or eliminate aid based upon availability of funds and participant eligibility.

3.) The OPW Football Association has the right to recover the cost of aid provided if any information is received which verifies recipient had the ability to pay or falsified any statements or supporting documentation, or failed to notify the VPW Football Association of any change of household status, income or other related financial information.

4.) Because funds for registration assistance are provided from our annual support campaign, we expect that members accepted for assistance will be active participants in the program.

5.) Withdrawal from the program for any unexcused reason will result in loss of financial assistance for one year.

6.) As part of this scholarship agreement, I agree to abide by all the rules, regulations and guidelines set forth by Oviedo Pop Warner. Furthermore, I agree to put forth all necessary deposits required for equipment and volunteer duties. Should I fail to meet the requirements I agree to forfeit those deposits and they will be cashed by OPW.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved / Disapproved

OPW Board Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration costs modified date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_