



# Folsom Jr. Bulldogs Scholarship Application

Please forward your completed application to:

[scholarships@folsomjrbulldogs.com](mailto:scholarships@folsomjrbulldogs.com)

Please include your signed application and most recent utility bill



## Youth Assistance Program - Community Youth Sports League - Application Instructions

---

The Folsom Athletic Association (FAA) Youth Assistance Program strives to provide financial assistance for Folsom youth residents who wish to participate in youth sports. ***“Never in our town will any youth not participate in sports due to financial constraints.”*** Please read the following instructions before filling out the application. **Incomplete applications will not be accepted.**

Visit the Community Youth Sports League (CYSL) website for other scholarship opportunities. Please note that CYSL guidelines and eligibility may differ from the FAA. Visit [folsomathleticassociation.org](http://folsomathleticassociation.org) for links to the CYSLs. FAA youth assistance guidelines have been established to assist Folsom resident families. Financial awards are based on need, merit, and available funds.

### Guidelines

1. Each eligible youth can receive up to \$200 to help offset the cost of league registration and/or sports equipment. Funds are available for single-sport or multi-sport athletes, recreational or competitive. Sports camps and private training do not qualify.
2. Application and documentation must be completed at the time of registration and submitted to the sports registrar.
3. Recipients are responsible for their own transportation to and from league activities.
4. Recipients who do not regularly attend league activities may be ineligible for future assistance.
5. Refund and Cancellation Policies apply at the discretion of the sports league governing board.

**Eligibility:** To determine eligibility for the Youth Assistance Program, answer the following questions:

1. Does the youth live in the city of Folsom?
2. Is the youth 17 years of age or younger?
3. Can the youth commit to attending and participating in 80% of the activity?

If you answered “no” to any of the above questions, you are not eligible for financial assistance. If you answered “yes” to all three questions, please complete the attached application.

**Nondiscrimination:** Families will not be discriminated against because of race, color, gender, religion, nationality, ethnic origin, or disability.

**Confidentiality:** Participants eligible for the Youth Assistance Program will remain confidential and will be treated in the same manner as those participants that pay full price for the same service. All applications and attachments are confidential and will be used exclusively for the youth assistance program and for no other purpose.

### To Apply

1. Complete the application for youth assistance for the community youth sports league. If the request for assistance is for multiple members of a family, an application must be completed for each member. Applications are reviewed on a case-by-case basis. A parent/guardian signature is required.
2. Attach proof of Folsom residency, such as a copy of a recent utility bill.
3. Submit the application and proof of residency to the sports registrar during the enrollment period. Incomplete applications or lack of documentation will be returned.
4. For questions about the application, please contact the registrar of the sports group.
5. The youth sports organization will notify the applicant upon approval of the application.
6. Upon approval, applicants may register for the league activity, if space is available. The recipient's parent/guardian must pay the remaining amount of the league registration at the time of registration.

10-19-2022



**Application for Youth Assistance Program - Community Youth Sports League**  
Please refer to the application instructions before completing.

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

Youth Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

P.O. Box will not be accepted as a valid Folsom address. Proof of residency is required, such as a recent utility bill.

Contact number: \_\_\_\_\_ Has the applicant previously received youth assistance? Yes or No (circle).

If yes, what sport and year? \_\_\_\_\_

Will the youth be able to participate in youth sports if they do not receive financial assistance? Yes or No (circle).

Qualification for youth assistance is based on current financial needs. Please describe any unusual circumstances or provide information to determine if financial assistance is needed.

**Agreement:** The facts in this application are true and complete. I understand that any false statement shall be considered sufficient cause for disqualification from financial assistance. The Folsom Athletic Association and the Community Youth Sports League are hereby authorized to research my qualifications by contacting the references listed above. I understand that I will be contacted when the application has been approved or denied.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Sports Club Use Only** Name of CYSL: \_\_\_\_\_ Date: \_\_\_\_\_

Proof of Residency attached: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Amount will be confirmed by the FAA based on available funds.

Approved or Denied (circle) Reason denied: \_\_\_\_\_

Date Parent/Guardian Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_