



# GOLDEN EMPIRE YOUTH FOOTBALL

Community Athletic Scholarship Program - C.A.S.P

Application

*Please select the appropriate box.*

|                |                          |                     |                          |             |                          |                  |                          |
|----------------|--------------------------|---------------------|--------------------------|-------------|--------------------------|------------------|--------------------------|
| Youth Football | <input type="checkbox"/> | Youth Football Camp | <input type="checkbox"/> | Youth Cheer | <input type="checkbox"/> | Youth Cheer Camp | <input type="checkbox"/> |
|----------------|--------------------------|---------------------|--------------------------|-------------|--------------------------|------------------|--------------------------|

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

GEYF Area: \_\_\_\_\_ Division: \_\_\_\_\_

Area Representative: \_\_\_\_\_ Head Coach: \_\_\_\_\_

|  |
|--|
| Amount of Financial Assistance Requested: \$ _____ |
|--|

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person requesting assistance: \_\_\_\_\_

Signature of person requesting assistance: \_\_\_\_\_

\_\_\_\_\_

*This section for league use only.*

|                                   |                                 |
|-----------------------------------|---------------------------------|
| Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
|-----------------------------------|---------------------------------|

Approved/denied by: \_\_\_\_\_ Signature: \_\_\_\_\_