



# 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"/>
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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: \$ _____
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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"/>
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Approved/denied by: \_\_\_\_\_ Signature: \_\_\_\_\_