



Scholarship Application Form

Player Name: _____ Birthdate: _____

Parent/Guardian Name: _____

Email: _____

Address: _____

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

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 and only covers player registration. 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. I understand that I will be contacted when the application has been approved or denied.

Signature of Parent/Guardian Date _____

Please send form to cflagg@noblesquires.org