

## Vista Pop Warner Football & Cheer 2015 Scholarship Program

Vista Pop Warner is proud to serve the Vista 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 has the opportunity to 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.

Vista 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 herein.

Scholarship funds are intended to cover partial registration costs for families with legitimate financial reasons. All Scholarship Applications and supporting documentation are DUE BY April 25<sup>th</sup>, No Exceptions.

- Residents within the Vista Unified School District are given first priority and funds are distributed on a first come, first served basis to applicants that provide application with all the necessary documentation to determine income by April 25<sup>th</sup>, 2015.
- Funds are based upon household income which follows the state school lunch program income guidelines.
- A non-refundable \$50 scholarship application fee per child is due at registration. The application fee will be applied to registration fees not covered by the scholarship if granted.
- **Any incomplete scholarship application will be declined. Any application missing the required, supporting documentation will be declined.** Notification will be sent in writing.
- All information provided in the scholarship application is confidential and will not be released to others.
- Once a scholarship recipient is registered for VPW, participation in the full program session is required. Withdrawal from the program for any unexcused reason will result in scholarship ineligibility for one year.
- Scholarship applications will be reviewed and applicants will be notified of the availability of funds by May 9<sup>th</sup>.
- Payment for any fees not covered by scholarship will be due by June 15<sup>th</sup>, 2015.
- Scholarship funds are for youth under the age of 15.
- Vista 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 will be reviewed and awarded to those applicants who register during the advertised registration period. Scholarship applications will be accepted only until registration for the season has been closed or until available scholarship funds have been allocated.
- Scholarship applications and supporting documentation should accompany registration forms and may be submitted at walk-in registration (see dates on website).

Thank you for your interest in the scholarship program. All information submitted to VPW Scholarship Committee will be held in strict confidence. Questions may be addressed to the Scholarship Committee via email at [parent@vistapopwarner.com](mailto:parent@vistapopwarner.com) Please review the application carefully and complete all sections. Incomplete Applications will not be accepted.

**Vista Pop Warner Football Association**  
1450 N. Santa Fe Ave. Box C-200 Vista, California 92083

**Financial Assistance Application**

**Minimum Requirements**

- 1.) The applicant must meet the minimum VPW participation requirements.
- 2.) Any person applying for financial assistance will be asked to pay a portion of the program fee.

**Selection Process**

- 1.) 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.
- 2.) The VPW Scholarship Committee reviews current Financial Assistance commitments and the availability of contributed funds to support financial requests.

**Duration and Continuation**

- 1.) Financial Assistance will be granted for the 2015 Football/Cheer season only.
- 2.) Once a scholarship recipient is registered for VPW, 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.) Late payment of program fees or failure to comply with the terms and conditions of the scholarship agreement by the recipient will result in VPW discontinuing financial aid and the participant(s) will be removed from the VPW Program(s).

**Selection Criteria**

The income guidelines listed below have been adopted from the State school lunch program, and have been adopted by VPW as the financial guideline for the 2015 season.

These income guidelines are based on the following gross annual income as follows:

1-2 Person Household \$28,694

3 Persons: \$36,131

4 Persons: \$43,568

5 Persons: \$51,005

6 Persons: \$58,442

Add \$7,437 for each additional household member.

**How to Apply**

If you meet the minimum requirements, fill out the attached application. You must provide the most **RECENT COPY** of your federal income tax return and current pay stub. If you are currently unemployed and/or on disability and are applying for financial assistance you will need to provide a letter explaining why you believe financial assistance is warranted for your family along with an **RECENT COPY** of your unemployment and/or disability benefits payment summarization.

In addition each child who is requesting a scholarship must complete a written essay describing what football or cheer mean to him/her. Space has been provided for the essay(s).

**Vista 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: \_\_\_\_\_

Third person for which financial assistance is being requested:

Name: \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_  
Grade in school \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fourth 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 VPW will be held in strict confidence. \*\***

Annual Household Income (check one)

Under \$10,000 \_\_\_\_\_ \$30,000 - \$40,000 \_\_\_\_\_  
\$10,000 - \$20,000 \_\_\_\_\_ \$40,000 - \$50,000 \_\_\_\_\_  
\$20,000 - \$30,000 \_\_\_\_\_ \$50,000 - \$60,000 \_\_\_\_\_  
Over \$60,000 \_\_\_\_\_

Include a copy of your most recent copy of your federal income tax return and pay check stub. You may also supply one of the following, if applicable, to support your request for a scholarship:

Medi-Cal # \_\_\_\_\_

AFDC # \_\_\_\_\_

Food Stamps # \_\_\_\_\_

Foster Care # \_\_\_\_\_

Are you currently receiving any local, state or federal assistance? No \_\_\_ Yes \_\_\_ if yes:  
What kind? \_\_\_\_\_ Case Number \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Are you currently unemployed? No \_\_\_ Yes \_\_\_

Are you currently paying child support? No \_\_\_ Yes \_\_\_  
If yes: Monthly amount \$ \_\_\_\_\_

Have you previously received scholarship(s) from VPW? Yes No

Please explain in detail the circumstances that make a scholarship necessary. You may attach a separate sheet, if needed.

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

I have read and understand the information provided.

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

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

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For VPW use only  
Amount of Scholarship \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date Approved \_\_\_\_\_

Student Essay

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**Vista Pop Warner Football Association**

1450 N. Santa Fe Ave. Box C-200 Vista, California 92083

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 VPW registration expenses to participant families in the Vista Unified School District area, and who wish to take part in the VPW 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 VPW Football Association through annual fundraising campaigns and donations from corporate, business and personal contributions.

I understand the terms of the VPW 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 VPW Football Association reserves the right to reduce or eliminate aid based upon availability of funds and participant eligibility.
- 3.) The VPW 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.) Financial assistance recipients must adhere to VPW Football Association policies such as those included in the application packet and VPW policies and procedures manual (available upon request).
- 5.) 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.
- 6.) Withdrawal from the program for any unexcused reason will result in loss of financial assistance for one year.
- 7.) As part of this scholarship agreement, I agree to abide by all the rules, regulations and guidelines set forth by Vista 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 VPW.

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

VPW Board Signature \_\_\_\_\_ Date \_\_\_\_\_

VPW Board Signature \_\_\_\_\_ Date \_\_\_\_\_