

LINCOLN YOUTH FOOTBALL LEAGUE – Scholarship Application

Scholarship Applicant / Player Information

Name:		Date of Birth:
School Attending 2018-2019 :		2018-2019 Grade:
Does player have transportation to/from practices and games? (check one)		YES NO
Does player qualify for Free or Reduced Lunch at school? (check one)		YES NO

Parent / Guardian Information

Primary Adult Name:		Relationship to Applicant:	
Current Address:		City:	State: Zip Code:
Do You?(check one) OWN RENT	Monthly Payment/Rent:		How Long?
Email:		Phone:	
Current Employer:		How Long?	
Employer Address:		City:	State: Zip:
Employer Phone:		Employer Email(<i>optional</i>):	
Position:		Annual Income:	
Other Adult Name:		Relationship to Applicant:	
Current Address:		City:	State: Zip Code:
Do You?(check one) OWN RENT	Monthly Payment/Rent:		How Long?
Email:		Phone:	
Current Employer:		How Long?	
Employer Address:		City:	State: Zip:
Employer Phone:		Employer Email(<i>optional</i>):	
Position:		Annual Income:	
Nearest Relative not living with Player:		Relationship to Player:	
Current Address:		City:	State: Zip Code:
Email:		Phone:	

Other Residents / Dependents Information

Name	Age	School Attending 2018-2019	18-19 Grade	Relationship to Applicant:

Authorization

I authorize representatives of Lincoln Youth Football League INC. to verify any and all information supplied by me on this application as it pertains to employment history, salary, and housing.		
Printed Name:	Signature:	Date:

Edit and submit this form, or email completed application to: scholarships@lincolnyouthfootballLeague.com