



# Carlsbad Pop Warner Football and Cheer Scholarship Application (Confidential)

Player/Cheerleader Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (Middle)

Residence Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Football [ ] Cheerleading [ ]

Parent/Guardian Name: \_\_\_\_\_  
(Last) (First) (Middle)

Residence Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Currently Employed? Yes [ ] No [ ] If Yes,

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number of Person(s) Living in Household: \_\_\_\_\_

Total Annual Income: \$ \_\_\_\_\_

OR

Total Monthly Income: \$ \_\_\_\_\_

\* Household income includes all income of all household members: salary, wages, social security, public assistance, child care assistance, unemployment insurance, child/spousal support, pension/retirement, and all other sources.

\*\*All Information Provided to CPW will be held in Strict Confidence\*\*

## Carlsbad Pop Warner Scholarship Application (Cont.)

Home: Own [  ] Rent [  ] Monthly Payment: \$\_\_\_\_\_

Monthly Utilities: \$\_\_\_\_\_

Automobile: Own [  ] Rent [  ] Monthly Car Payment: \$\_\_\_\_\_

Make and Model of Car: \_\_\_\_\_ Year of Car: \_\_\_\_\_

Are you currently paying Yes [  ] No [  ] or receiving Yes [  ] No [  ] Child Support?

If yes, Monthly Amount: \$\_\_\_\_\_

Please explain the circumstances that make this financial assistance necessary. You may attach a separate sheet, if needed.

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***I, the undersigned, certify that all of the above information is accurate and correct and that all income is reported. I understand that this information is being given for the receipt of financial assistance and the CPW officials may verify the information on the application. Should I provide false information, then CPW has the right to withdraw any financial support and suspend player participation.***

Legal Guardian (Print Clearly): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All Information Provided to CPW will be held in Strict Confidence\*\***

# Carlsbad Pop Warner Scholarship Application (Cont.)

The following items are also REQUIRED with this application:

- Proof of Income\*
- Proof of Carlsbad Residency\*\*
- Payment of a non-refundable \$50 fee (This fee shall be applied toward any registration fees not covered by the awarded funds. Please make check payable to "Carlsbad Pop Warner.")

This application will not be accepted without submittal of all the required information.

\* Proof of income may be:

- Federal income tax return
- Current employer pay stub
- Award letter for food stamp eligibility

\*\*Proof of Carlsbad residency shall be a current SDG&E utility bill (both top and bottom portions of the bill)

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Board Disposition (For CPW Use Only)

Approved: Yes [  ] No [  ]

Approval Level / Amount: \_\_\_\_\_

Reason for Disapproval:

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