



MidValley Pop Warner

PO Box 1112 ❖ Albany, Oregon 97321

Scholarship Application

Maximum Scholarship Request: 1/2 of Registration Fee

Name: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Employer: _____ Phone: (____) _____

Total monthly household gross income: \$ _____ *

Total number of members in the household: _____

* Monthly 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 of income

Name (please print)

Date of birth

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |

I certify that the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of fee reduction/scholarship; that league officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under the applicable state and federal laws. I hereby authorize Linn Benton Pop Warner to have access to any records, public or private, including employer, which will substantiate, verify, or refute the information contained in this application.

Applicant's Signature

Date

Applicant's Name (please print)

MUST ATTACH PROOF OF INCOME OR ASSISTANCE. APPLICATION WILL NOT BE PROCESSED WITHOUT IT.

Proof of income may be three months of pay stubs with year to date figures, the award letter for free or reduced school lunches, or a certified tax statement. The award letter can be obtained from your child's school, or the school district office. In most cases, they will mail it directly to us.