



LOYAL AMERICAN YOUTH FOOTBALL



Scholarship Application

Application Deadline:

An Application form must be completed and returned to the Commissioner of AYF before April 1st of their senior year in high school.

Selection Criteria:

The student must have participated in at least 1 year of Loyal AYF (Pop Warner) Program.

Display potential to successfully continue achievement in a post secondary public or private collage, university, junior college, or vocational school program of choice, which will lead to an associate degree or one year diploma.

Monetary Disbursement:

The student will receive \$750.00 after completion of the first semester and presenting evidence of a 2.5 GPA or better, and a class schedule for the 2nd semester to the Commissioner of Loyal AYF.

1. Your full name: Last _____ First _____

2. Date of Birth: _____ Telephone _____

3. Address: _____ City _____ State ____ Zip _____

(Fill in information that is applicable to your situation)

4. Father's Name: _____ Occupation: _____

Mother's Name _____ Occupation: _____

Guardian Name: _____ Occupation: _____

Spouse Name: _____ Occupation: _____

Education:

5. Name of school presently attending: _____

6. High School graduating date: _____

7. Overall grade point average _____

8. A) Sports participated in – including Pop Warner (AYF) _____

b) Non-Sport activities outside of the classroom work in which you have actively participated. _____

9. Education Plans: List Technical Collage or University you plan to attend. Course of Study (Minor or Major) _____

10. What courses, training, and /or experiences did you partake in during your high school years to prepare you for post secondary education?

11. Type of work or position you are presently interested in after graduating From post secondary school: _____

12. Write an essay entitled: How Participating in Pop Warner (AYF) Affected My Career Choices (Please attach to Application)

13. Please furnish any additional information that you feel would help you attain this scholarship (Clubs, Community activities, school activities, etc.)

I authorize the committee members of the AYF Scholarship Committee to review my scholastic records. (If the student is a minor, guardian must sign also)

Signature of Student

Date

Signature or Parent or Guardian

Date