

Northern Colorado Pop Warner Association

1001A E. Harmony Rd. Suite 146 Fort Collins, CO 80525

(Not a physical address. For mail only.)

www.nocopopwarner.com

SCHOLARSHIP POLICY

March 21, 2017

Any player wishing to apply for a scholarship must satisfy the following requirements and submit the appropriate documentation. Requirements for Fee Equipment scholarships are different, please see details below.

Scholarships will only be provided based on space available in accordance with NOCO Pop Warner Team Formation and placement policies without consideration for scholarship or non-scholarship participants. These policies can be found on the registration page of the website. www.nocopopwarner.com

Registration Fee Scholarships

1. The allocated season budget for fee scholarships will be distributed equally amongst qualified applicants.
2. A copy of the NOCO Pop Warner Association approved form **must** be attached to this Request for Scholarship form and submitted by June 1st, 2017. Notifications of scholarship awards will be provided by June 10th.
3. The amount of the fee scholarship shall not exceed the normal registration fees as assessed by the NOCO Pop Warner Association.
4. In exchange for scholarship funds, NOCO Pop Warner will require parents to volunteer 5 hours per \$100 received in scholarship funds and participate in all fundraisers. Volunteer hours will be coordinated with team manager and/or board member.
5. Scholarship recipients are expected to regularly attend practices and games. These players must always demonstrate the utmost in sportsmanship, always honoring the game and their team. Failure to meet described expectation or withdrawal from the program for any unexcused reason will result in program ineligibility for one year.

Loaner Equipment Scholarships

1. The allocated season budget for loaner equipment scholarships will be distributed equally amongst qualified applicants.
2. A copy of the NOCO Pop Warner Association approved form **must** be attached to this Request for Scholarship form and submitted by June 1st, 2017. Notifications of scholarship awards will be provided by June 10th.
3. A player shall be entitled to only one equipment scholarship per seasonal year. All equipment must be returned at the end of the 2017 season.
4. The amount of the equipment scholarship shall not exceed the cost of the required game equipment (excluding cleats). The equipment scholarship will only cover the cost of helmet, mouth guard, and shoulder pads.
5. In exchange for equipment scholarship funds, NOCO Pop Warner will require parents to volunteer 5 hours per \$100 received in scholarship funds and participate in all fundraisers. Volunteer hours will be coordinated with team manager and/or board member.
6. Scholarship recipients are expected to regularly attend practices and games. These players must always demonstrate the utmost in sportsmanship, always honoring the game and their team. Failure to meet described expectation or withdrawal from the program for any unexcused reason will result in program ineligibility for one year.

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REQUEST FOR SCHOLARSHIP(S)

THIS REQUEST FOR A SCHOLARSHIP(S) MUST BE SUBMITTED BY JUNE 1st, 2017 IN ACCORDANCE WITH THE PROCEDURES AND REQUIREMENTS AS STATED IN THE SCHOLARSHIP POLICY.

PARTICIPANT INFORMATION:

_____ Last Name _____ First Name _____ MI. _____ Date of Birth _____

_____ Street Address _____ City _____ Zip Code _____ Phone Number _____

_____ Email address _____

_____ Age Division _____

_____ Date of Request _____ Parent or Guardian Signature _____ Relationship to participant _____

Are you currently Employed? Yes [] No [] If Yes,

Employer Name: _____ Work Phone: _____

Number of Person(s) Living in Household: _____

Amount Requested - Registration Fees: \$ _____

Loaner Equipment Requested: Helmet ___ Shoulder Pads ___ Mouth Guard ___

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

All Information Provided to NOCO Pop Warner will be held in Strict Confidence

Please submit your scholarship request by scanning and emailing to contact@nocopopwarner.com or mailing to the address above.

Association Use Only
Fee Scholarship Granted: \$ _____
Loaner Equipment Scholarship Granted: Helmet ___ Shoulder Pads ___ Mouth guard ___
APPROVED BY: _____ DATE: _____