

## Larry Libertore Youth Sports Scholarship Application

**PARENTS/GUARDIANS: COMPLETE THIS FORM AND SUBMIT DOCUMENTS OR HAVE AN ORGANIZATION THE CHILD IS AFFILIATED WITH SIGN AND SUBMIT. THE DEADLINE TO SUBMIT THE APPLICATION IS ONE MONTH PRIOR TO THE START DATE. SUBMIT ALL FORMS REQUESTED.**

Child's First Name:	Parent Name:
Child's Last Name:	Parent Signature:
Age:	Street Address:
Gender:	City, State, and Zip:
Date of Birth:	Phone Number:
School:	E-Mail Address:
Grade:	Current Grade Point Average:
Household Income:	Number Living in Household:

- What is the name of the sport's league or organization you are applying for?  
\_\_\_\_\_
- Where is the camp located? \_\_\_\_\_
- What sport is this scholarship for? \_\_\_\_\_
- Date camp starts? \_\_\_\_\_ Date camp ends? \_\_\_\_\_
- What type of assistance are you requesting? Check all that apply and include the cost (**required**).
  - Fee – Amount \_\_\_\_\_
  - Equipment – Cost \_\_\_\_\_
  - Uniform – Cost \_\_\_\_\_
  - How much are you able to pay? \_\_\_\_\_

Does your child have transportation to and from the games and practices? **Circle one.** Yes No

Has your child ever received a sports scholarship in the past? If yes, from whom, for what sport and when? \_\_\_\_\_

**Applicant: Answer these questions in 500 words or less and attach the document to the application:**

1. Why are you applying for this scholarship?
2. How would this scholarship help you?
3. What would it mean to you to receive this scholarship?

**FOR THE ORGANIZATION SUBMITTING THE APPLICATION:**

**Attach information that you feel would be helpful for us to know about this applicant.**

By submitting the application, I confirm that the applicant is eligible for this scholarship.

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release Form

If awarded a scholarship, The Libertore Fund for Children would like to share your story with others. But, of course, we need your permission. All photography will be done in taste with respect and only shared on appropriate sites. Please mark your consent or non-consent after reading the paragraph below.

For and in consideration of benefits to be derived from the furtherance of the Larry Libertore Youth Sports Scholarship, (I) (we) the parent(s) or legal guardians of the athlete enrolled in a sports program do hereby consent, authorize and grant permission to The Libertore Fund for children's duly authorized representative to take photographs, motion pictures, video or audio tapes of said athlete and do further consent to the publication, circulation and dissemination of said photographs, motion pictures, video or audio tapes or any duplication or facsimiles thereof for any purposes it may deem proper.

Athlete's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

If you do not consent, please fill out the top and sign next to the box below:

\_\_\_\_\_