



LIBERTY YOUTH FOOTBALL  
22115 NW Imbrie Drive, Box 210  
Hillsboro, OR 97124  
[www.liberty-youthfootball.com](http://www.liberty-youthfootball.com)

### Scholarship Application

Liberty Youth Football (LYF) offers a limited number of scholarships for players in the Liberty High School District. Scholarships are available to give everyone that wants to play the opportunity to play. Each player must contribute \$75.00 toward their registration costs and the family must agree to volunteer for an additional eight (8) hours (total of 12 volunteer hours) before or during the season. Scholarships are offered in an amount which is at the discretion of the LYF Board and the availability of funds. Scholarships are offered on a first come first serve basis upon criteria met and fully completed and submitted application. Applications are accepted via mail with the date of submission recorded.

Register your player online (go to [www.liberty-youthfootball.com/registration](http://www.liberty-youthfootball.com/registration)) and then complete the form below. Mail to the address above along with the required fee of \$75.00. Your application will be reviewed and you will be notified regarding your request. If LYF is unable to offer your child a scholarship and you choose not to have them play your \$75.00 scholarship application fee will be refunded.

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/GuardianName(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Family Information:**

\_\_\_\_\_ # of people living in household      \_\_\_\_\_ # under 18 in household

Does applicant/participant qualify for Federal Free or Reduced Lunch program? **YES NO**

In what area(s) can you help out as volunteer?

Equipment \_\_\_\_\_ Clock \_\_\_\_\_ Chain Crew \_\_\_\_\_ Weight Master \_\_\_\_\_ Other \_\_\_\_\_  
(handout/collection) (home games) (away games) (all games)

On reverse side of this form, please write, in your own words, a brief explanation of why you are requesting assistance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form

Explanation of Financial Need:

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**(For Administrative Use Only)**

**Players Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Status:** \_\_\_\_\_