PAGNOZZI CHARITIES YOUTH SPORTS SCHOLARSHIP PROGRAM

100 E. Poplar St., Suite A
Fayetteville, AR 72703
479-443-2550
fax: 479-587-9142
www.pagnozzicharities.org
michelle@pagnozzicharities.org

Part 1. Applicant Information- REQUIRED

Child's Name: ☐ M ☐ F **Grade:**

☐ Sport ☐ Camp ☐ Equipment ☐ Other

Program name and/or specific equipment scholarship is for:

Part 2. Additional Information- REQUIRED

The following information is REQUIRED to complete the application for processing and must be submitted, at least, 2 weeks prior to registration deadline to allow time for processing. * Proof of all household income for the previous month or foodstamp verification dated within the last 30 days * Copy of completed sports registration (turn original in as directed on registration form) * League information and contact person (if registration is not available).

Completed Applications can be submitted by mail, email, fax or brought by our office.

Part 3. List ALL Household Members/Income from Last Month- REQUIRED

Receive Food Stamps ☐YES ☐NO

(List **EVERYONE** in household) **First**	**Last**	**Age**	Gross Income / How often received	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if no income
Jane Doe (Example)		*30*	*$300/ bi-monthly (Ex)*	*$150/weekly (Ex)*	*$600/monthly (Ex)*		☐
			$ /	$ /	$ /	$ /	☐
			$ /	$ /	$ /	$ /	☐
			$ /	$ /	$ /	$ /	☐
			$ /	$ /	$ /	$ /	☐
			$ /	$ /	$ /	$ /	☐
			$ /	$ /	$ /	$ /	☐
			$ /	$ /	$ /	$ /	☐
			$ /	$ /	$ /	$ /	☐

Part 4. Signature and Personal Information (Adult must Sign)

I certify (promise) all of the information on this application is true and that all income is reported. I understand that Pagnozzi Charities officials reserve the right to request more information and verify (check) the information. I, also, understand that Pagnozzi Charities is not responsible for injury or loss of property while participating in above scholarship activity. I do, hereby, release Pagnozzi Charities, it's employees, sponsors & Board of Directors from any liability for any accident or injury.

Signature_____ ***Today's Date*** _____

Home Phone # _____ **Work Phone #** _____ **Message Phone #** _____

Street or Rural Address: _____ **City:** _____

State: _____ **Zip:** _____ **E-Mail Address** _____

Part 5. Demographic Information

Name of School County of Residence

Part 6. Child's racial and ethnic identities (optional)

☐ Caucasian ☐ African-American ☐ Native American ☐ Native Hawaiian

☐ Hispanic or Latino ☐ Asian ☐ Multi-Racial ☐ Other Pacific Islander