

**Kota's Kickoff
Youth Financial Assistance Scholarship - For The Wasatch Front Football
League (WFFL) Application Instructions**

Kota's Kickoff Youth Financial Assistance Scholarship Program strives to provide financial assistance for all youth who wish to participate in the WFFL who could not otherwise participate due to financial restrictions. Please read the following instructions completely before filling out the application. **Incomplete applications will not be accepted.**

For Kotas Kickoff Youth Financial Assistance/Scholarships, guidelines have been established to assist families to participate in the WFFL. Financial Assistance and Scholarship awards are based on **need, merit and amount of monies available.**

Guidelines:

1. Each eligible participant will receive UP TO 100% of the current registration fee for the WFFL .
2. Scholarship applications and appropriate documentation must be completed at the time of registration and submitted to Kotas Kickoff.
3. Scholarships are awarded for league registration fees only; Donations for supplies, or other costs MAY BE available.
4. Scholarship recipients are responsible for their own transportation to and from league activity sites.
5. Scholarship recipients who do not attend the WFFL activities (Practices and games) regularly may be ineligible for future scholarships.
6. Scholarship recipients must have appropriate parent or guardian sign the league/City Recreation Department release of liability form.
7. Scholarship recipients must have appropriate parent/guardian sign Scholarship Program release of liability form

Eligibility:

To determine eligibility for a FAA Youth Financial Assistance Scholarship, answer the following questions:

1. Does the youth live in a city covered under the boundaries of the WFFL ByLaws?
2. Is the youth between the ages of 8 and 14?
3. Can the youth commit to attend/participate in 80% of the activity?

If you answered "no" to **any** of the above questions, you are not eligible for Kotas Kickoff Youth Financial Assistance Scholarship. If you answered "yes" to **all** of the above questions, complete the following form.

Nondiscrimination

Participants eligible for Kota's Kickoff Youth Financial Assistance Scholarship Program will remain confidential and will be treated in the same manner as those participants that pay full price for the same service. No family will be discriminated against because of race, color, gender, religion, nationality, ethnic origin, disability or sexual orientation of participant/ family members.

Confidentiality

All of Kota's Kickoff Youth Financial Assistance Scholarship Program applications and attachments are confidential, shall be used exclusively for Kota's Kickoff Youth Financial Assistance Scholarship Program and no other purpose.

To Apply:

1. Complete the *Application for Kota's Kickoff Youth Financial Assistance Scholarship*. An application must be completed for each youth. Applications are reviewed on a case by case basis. Application must be signed by a parent/guardian.
2. Completed application must be approved through Kota's Kickoff at the time of registration and submitted to the City Recreation Department. Incomplete applications and/or lack of documentation will be returned to be completed. For questions regarding the application, please contact Burke Kilburn at 801-814-4242 or kotaskickoff@yahoo.com
3. The Youth Sports organization will notify the applicant upon approval of the scholarship application.
4. Upon approval of the scholarship, applicants may register for the WFFL through their local city Recreation Department. The scholarship recipient or recipient's parent/guardian must pay amount of registration fee not covered by scholarship

Application for Kota's Kickoff Scholarship - Wasatch Front Football League
(Please refer to the Application Instructions before completing.)

Youth Name: _____ **Birthdate:** _____

Address: _____ **City:** _____ **State:** _____

School: _____ **Teacher:** _____ **Grade:** _____

Parent/Guardian Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____

Home Phone: _____ **Cell Phone/Other:** _____

Has applicant previously received Kota's Kickoff Assistance? If Yes, what year? _____ No _____

Will your child be able to participate in WFFL activity if you do not receive assistance through Kota's Kickoff? Yes ____ No ____
Response will not exculde the applicant from receipt of a scholarship

Qualification for Kota's Kickoff Financial Assistance is based on current financial need. Please (1) Describe any unusual circumstances or provide additional information to assist in determining whether financial assistance should be awarded (add additional paper if needed), and (2) Provide references who can verify your financial need (for example: clergy, social worker, non-family members, teachers, verification through lunch assistance, etc...).

References: List Name, Relationship, Phone Number

1. _____
2. _____
3. _____

Agreement

The facts set forth in this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for disqualification from financial assistance. Kotas Kickoff and the Wasatch Front Football League are hereby authorized to research my qualifications for financial assistance by contacting the references listed above. I understand that I will be contacted when the application has been approved or denied.

Signature of Parent/Guardian

Date

For Kota's Kickoff Use Only

Date Received: _____

Approved ____ Amount Approved \$ _____ (Dependent on available funding at time of registration) Denied

____ Reason: _____

Approved/Denied By: _____ Date: _____

Parent/Guardian Notified on: _____ By: _____