



Missoula Youth Football
PO Box 3226
Missoula, MT 59806
Email: MYFscholarships@gmail.com

www.MissoulaYouthFootball.org

Scholarship Application

Application deadline is: July 1st

Be sure to fill out this application in its entirety. Applications missing information, including any requested documentation may be denied.

Scholarships are to be awarded in consideration of need, not based on talent or achievement of the player. Income guidelines to be considered for a scholarship are included on following page.

Every attempt will be made each year to secure scholarship funding but are not guaranteed or implied. Limited funds are available and are based on donations received in any given year specifically for player scholarships. If you can assist the MYF Board in any way by securing monies for our scholarship fund, please email us at MYFscholarships@gmail.com

Your child MUST be registered to play football prior to submitting your application; please visit www.missoulayouthfootball.org for the link to register.

Scholarships may be awarded in various amounts; not all aid is equivalent to full tuition. In an effort to help out as many athletes as we can and with the knowledge that there are limited funds, we are asking those of you that can afford to utilize our option of payment installments rather than receiving a scholarship to please do so.

Submit completed application and supporting documentation via email or mail,
by the deadline, to be considered:

Missoula Youth Football – Scholarship Committee
PO Box 3226
Missoula, MT 59806

MYFscholarships@gmail.com

*Notification of scholarship award, if applicable, will be sent to applicants within 3-4 weeks of deadline
Equipment Deposit checks are still required even if you are awarded a scholarship.*

Income Guidelines for Scholarship Consideration

Scholarships to play football in the Missoula Youth Football League are based solely on the funds received by generous donors willing and able to give back to the community. Scholarships are approved based on need; not the receipt of an application. In general only applications received, by the deadline, that fall into the following guidelines will be considered.

I/we hereby certify that within the past twelve months my/our household income has been less than the maximum shown for my/our household size below:

Persons in Family	
2	\$ 29,460.00
3	\$ 33,180.00
4	\$ 36,840.00
5	\$ 39,780.00
6	\$ 42,720.00
7	\$ 45,660.00
8	\$ 48,600.00

Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payment from annuities, retirement plans, Social Security, and any other sources of income.

****PLEASE ATTACH DOCUMENTATION TO VERIFY INCOME****
MINIMUM OF (2) PAYSTUBS or (1) YEAR TAX RETURN

When emailing, please remove any reference to your Social Security Number or any other sensitive information prior to emailing application as this information is not necessary to consider your child(ren) for a MYF scholarship or to verify identity

Should you have any concerns with these guidelines or feel your application should be considered even though you fall outside of these guidelines; please email MYFScholarships@gmail.com

Sincerely,

MYF Board
Scholarship Committee



MYF - Scholarship Application

All information provided will be held strictly confidential and will not be used for any other purpose
False information will result in your application being disqualified for a scholarship

Player Information

Last Name: _____ First Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Birthdate: _____ Age: _____
 School Attending in Fall: _____
 Years in MYF Football: _____ Grade (Fall): _____
 Are you helping towards registration fee? Yes: \$ _____ No _____
 Other sports/activities/clubs which you are involved: _____

Family Information

Parent's Email: _____ Total # in Household: _____
 Parent/Guardian #1 Last Name: _____ First Name: _____
 Address: _____ Cell #: _____
 City: _____ State: _____ Zip: _____
 Parent/Guardian #2 Last Name: _____ First Name: _____
 Address: _____ Cell #: _____
 City: _____ State: _____ Zip: _____

Total Household Income (GROSS) \$ _____ **(Please include documents to verify income)**

Have you received scholarship funding from MYF in the past? Yes: Year(s) _____ No _____

If a partial scholarship were available, how much can you afford to pay (Select One)

\$25 \$50 \$75 \$100

I certify that the above information is complete and correct. Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payment from annuities, retirement plans, Social Security, and any other sources of income. I agree to provide documentation to verify household income level upon request by the MYF board, as requested.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please Note: Scholarships are not available for everyone. Applications should be submitted as soon as possible, at least by July 1st. Those received after July 1 may not be reviewed.
Please REGISTER your child for the season, **BEFORE** submitting scholarship application

For Internal Use Only

Date Received: _____ Is Applicant Registered: Yes No
 Is Applicant within guidelines: Yes No Scholarship Awarded: Yes No
 Receipt Notification emailed: Yes No Amount: \$ _____
 Notificaion emailed by (initial): _____ Date Awarded: _____