

Participant Name: \_\_\_\_\_

# Sponsorship Application Instructions 2007



## Cypress Youth Athletic Association

Last day to apply April 30th, 2007

This information packet is to be filled out in full by the parent or guardian of the child participating in the CYAA program. **Failure to provide a response to all the questions on the application will result in the application being rejected.**

The amount of the scholarship is based on need. Each application will be reviewed by the CYAA scholarship committee. Each application will be held in the highest of confidence. Each applicant will be notified within 14 days of receipt by a member of the scholarship committee and at that time the CYAA representative will let you know what percentage you may qualify for. Please answer the following questions:

What amount of the registration are you able to pay at this time? \$\_\_\_\_\_

Are you able to pay any amount at a later date? [ ] Yes [ ] No

If yes, please explain:

---

---

---

After completing this form, and the attached application, return it along with this cover sheet to a CYAA representative, or mail it to the CYAA, P.O. Box 2608, Cypress, CA 90630.

# 2007 Scholarship Application

Cypress Youth Athletic Association  
Post Office Box 2608  
Cypress, California 90630

Player/Cheerleader Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Check One: Cheerleading  Football

Mother: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Father: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Guardian: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Total Annual Income: \$ \_\_\_\_\_ -- OR -- Total Monthly Income: \$ \_\_\_\_\_

Number of People Living in Household: \_\_\_\_\_

Home: Own  Rent  Relative Monthly Payment: \$ \_\_\_\_\_

Monthly Utilities: \$ \_\_\_\_\_ Place of Employment: \_\_\_\_\_

How long have you worked there?: \_\_\_\_\_ Do you drive?  Yes  No

Do you: Own  Lease  Relative's car  Monthly Car Payment: \$ \_\_\_\_\_

Make and Model of Car: \_\_\_\_\_ Year of Car: \_\_\_\_\_

Do you have health insurance?  Yes  No

Are you economically disadvantaged?  Yes  No

Child on state medical card?  Yes  No

Do you receive state or federal aid?  Yes  No If so list each type below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, being the legal guardian of \_\_\_\_\_, do hereby affirm and attest, that payment of the player registration fee for my child would cause undo financial burden upon my household; and, that CYAA will utilize the funds set aside for sponsorships. I further acknowledge that my child and I both agree to fulfill the fundraising obligations that have been established for all sponsorship athletes. Should I provide false information, or if the fundraiser goals fall short, then CYAA has the right to withdraw any financial support and suspend player participation.

Legal Guardian (print clearly) \_\_\_\_\_ Date: \_\_\_\_\_

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

Player/Cheerleader Signature: \_\_\_\_\_