



## Dr. Bruno DeRose Memorial Sports Scholarship

<b>Applicant's Information</b>			
First	MI	Last	Age
Date of Birth			<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
City	State	Zip	Phone
Has the child received scholarship previously? <input type="checkbox"/> Yes <input type="checkbox"/> No			Child Lives With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____
Mother/Guardian's Name:			
Address:			
Phone:		Email:	
Father/Guardian's Name:			
Address:			
Phone:		Email:	

## Sports Enrollment Information

Is the child currently enrolled in YMCA programs?  Yes  No

Which program are you requesting a scholarship for?  Flag Football  Basketball  
 Volleyball  Soccer

## Our Story

### Scholarship Program Guidelines

- 1) All application information must be fully completed and submitted on time by the applicant in order for the application to be considered.
- 2) No person(s) shall receive any direct cash benefit from any scholarship award(s).
- 3) Scholarships may be awarded for the requested season. Recipients wishing to continue to receive a scholarship for another league must reapply each season/sport.
- 4) Youth need to attend at least 85% of their enrolled sport.
- 5) Scholarship awards shall be made without regard to race, color, religious creed, disability, ancestry, national origin, sex, or limited English proficiency, in accordance with applicable law.
- 6) If awarded the scholarship, the YMCA may share photos and impact of the child with the DeRose family.

I/We have read and agree to abide by the guidelines stated above if awarded a scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name