



WEST VOLUSIA POLICE ATHLETIC LEAGUE

Application for Scholarship (Request for waiver of Activity Fee)

The person who signed this Application appeared, in person, before me, the undersigned notary, and stated under oath:

Name of Player/Participant: _____

Name of Parent/Guardian: _____

Address: _____ City: _____

Zip code: _____ Phone number: _____ (cell / home) circle one

Activity: _____ Amount paid by applicant: _____

I _____ (parent/guardian) am unable to pay the activity fee for the above player/participant without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

_____ Signature/Date

Has the applicant ever completed a scholarship application before: _____yes / _____no

Has the income status changed since the applicant completed their initial Registration application form for 20____year: _____yes / _____no

Information to be obtained:

Applicant has _____ dependents. (Do not include children not living at home and do not include a working spouse or the applicant.)

Take home income \$ _____ monthly. (Take home income equals salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court ordered support payments.)

Does the applicant receive?

Social Security benefits: _____ Unemployment compensation: _____

Workers compensation: _____ Retirement/pensions: _____

Child support or other support from family members/spouse: _____

Food Stamps/SNAP: _____ Supplemental Security Income: _____

FOR AN OATH OR AFFIRMATION:

STATE OF FLORIDA
COUNTY OF Volusia

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by (name of person making statement).

(Signature: _____)

(NOTARY SEAL)

(Name of Notary: _____)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____