



Date Received: _____

One (1) Application Per Participant

2015 FFL Memorial Scholarship Application

*****NOTE: Incomplete Applications WILL NOT be considered. *****

Copy of your 2014 IRS Tax Return and PAGE 2 is REQUIRED with Application.

****INFORMATION MUST BE RECEIVED BY THE FFL**

****NO LATER THAN May 23rd****

FFL scholarships provide assistance for those facing unfortunate circumstances to participate in football and/or cheerleading. In partnership, with a third party vendor who will review all applications. Full, partial or no scholarships may be awarded. The FFL Board has the final decision in designation of scholarship funds.

I, the parent/guardian of the player named above am requesting a scholarship application. I understand that my application will be reviewed and I will abide by the FFL Board's final decision and understand that applications may not be awarded or are awarded on a full or partial basis. If granted, the scholarship is only effective for one season. **ADDITIONALLY, I UNDERSTAND THAT THE SCHOLARSHIP MAY OR MAY NOT COVER ALL COSTS ASSOCIATED WITH PARTICIPATING IN THE FFL. Costs that are not covered by the scholarship (i.e., team fees, game pants, shoes, etc.), if granted, will need to be funded by the parent/guardian.**

Signature of Parent/Guardian: _____ Date: _____

PLAYER: Prior FFL Scholarship Applicant Sex: Male Female
 First: _____ Last: _____ Preferred Name: _____
 Date of Birth: ____ / ____ / ____ Age (as of 9/1/15): _____ Grade (as of 9/1/15): _____

PARENT/GUARDIAN: Frisco Resident Live within FISD Marital Status: _____
 Mom: _____ Dad: _____
 Address: _____ Address: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Work Phone: _____ Work Phone: _____
 Employer: _____ Yrs.: _____ Employer: _____ Yrs.: _____
 E-mail Address: _____ E-mail Address: _____

FINANCIAL NEED * Copy of 2014 IRS Tax Return & COMPLETED HOUSEHOLD INCOME & EXPENSE REPORT (PAGE 2) MUST be provided with this application. *****

Please indicate area of financial support you are requesting: Total Number in Household: _____
 Football Total Monthly Income: _____
 Cheer Total Monthly Expenses: _____

Explain circumstances that your family is facing that make financial assistance necessary: _____

How much can your family contribute toward fees associated with the FFL program? _____



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TOTAL HOUSEHOLD INCOME & EXPENSE REPORT

PLAYER:

First: _____ Last: _____ Preferred Name: _____
 Date of Birth: ____ / ____ / ____ Age (as of 9/1/15): _____ Grade (as of 9/1/15): _____

MONTHLY INCOME	MONTHLY AMOUNT	MONTHLY EXPENSES	MONTHLY AMOUNT
Wages Gross _____ (Name of indiv rec wages)		Housing (Mortgage or Rent)	
Wages Gross _____ (Name of indiv rec wages)		Automobile loans	
Wages Gross _____ (Name of indiv rec wages)		Electricity	
Social Security Disability		Gas	
S.S.I.		Water	
Veteran's Disability		Phone	
Retirement		Cable	
Unemployment		Cell Phone	
Workers Comp		Auto Insurance	
Child Support		Home or Renter's Insurance	
Other Agencies		Medical & Dental Insurance (out of pocket costs)	
Any other income		Medical Expenses	
		Prescriptions	
		Groceries	
		Laundry	
		Child Care	
		Child Support	
		Loans	
		Other	

FOR FFL USE ONLY:

Decision: Accepted FULL Accepted PARTIAL Declined Reason: _____