

**SPENCER COUNTY SPORTS ASSOCIATION
SCHOLARSHIP PROGRAM POLICY AND AGREEMENT**

The Spencer County Sports Association (SCSA) strives to welcome children equally, regardless of race, religion, or financial status. To support this desire, we have established a scholarship program. Based on the specific request and/ or need of the parents, the SCSA may waive the registration fee, partially or in its entirety.

The SCSA asks, in return, that parents of the children who receive a scholarship, volunteer for our league for a minimum of (6) hours each season. Approved volunteer activities include, but are not limited to, coaches, assistant coaches, team manager, working in the concession stand, distributing supplies or uniforms, helping with registration or other organizational events, and working at fundraisers or tournaments. Please read and sign the following form:

I, the undersigned, agree that in return for having my child/children's registration fee waived or reduced, I will volunteer a minimum of (6) hours this season in the following area(s) or another area, if needed. I also understand that failure to uphold this agreement disqualifies my child from scholarship eligibility in the future.

I will volunteer in the following areas:

- | | |
|---|--|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach |
| <input type="checkbox"/> Concession stand worker | <input type="checkbox"/> Team Manager |
| <input type="checkbox"/> Distributing supplies/uniforms | <input type="checkbox"/> Helping with registration or other events |
| <input type="checkbox"/> Field Set-Up Day | <input type="checkbox"/> Field Striping or Maintenance |
| <input type="checkbox"/> Fundraiser Assistance | <input type="checkbox"/> Cleaning Restrooms |
| <input type="checkbox"/> Other: _____ | |

Does your child qualify for free and/or reduced lunch at school? _____ If yes, please attach a copy of your approval letter from the Food Service Manager at your Board of Education.

Child/Children's Name(s): _____

Child/Children's Birthdates: _____

Parents Name(s): _____

Parent(s) Signature: _____ Date: _____

OFFICIAL USE ONLY: Approved by: _____ Date: _____

Agreement made: