



Scholarship Application Guidelines

Plano Sports Authority awards scholarship money based on a family's financial need and family size and the calculated annual income on a sliding scale. Family income is based on the total number of persons in the household including step-parents, grandparents and/or all adults living in the home. Any family earning \$36,000 or more annually is not eligible for scholarship consideration. Scholarships are not available for camps, martial arts classes, sports skills academies or club sports.

Completed applications must be received two weeks before the close of the sport's registration date. Applications must be complete with all required documentation. Incomplete applications will not be accepted.

Scholarships cover the cost of the sport's registration fee only. Any additional items such as uniforms, and equipment, etc. are not included and are the responsibility of the player/parents to supply.

Players may qualify for a scholarship per sport per season. Applicants must re-apply each season.

If the scholarship award is less than 100%, it will be the responsibility of the player/parent to pay the amount before the end of the sport's registration date. If the amount has not been paid by close of registration, the player's registration will be removed and the scholarship denied.

The following documentation must be presented at time of submitting scholarship application:

- **Completed scholarship application** - Application must be complete and legible. Any false or missing information may cause the application to be denied.
- **Proof of Income or Government Assistance** (Please submit documentation of one of the following):
 - **Income Tax Return** - A copy of the most current year's tax return must be included. This return should be the applicant's and indicate the name(s) of the child(ren) living in the household.
 - **Proof of Income** – Applicant will be required to submit two recent pay stubs.
 - **Financial Assistance** – If the family receives government assistance such as food stamps, free/reduced school lunches, etc. copy of benefit letter is required. Documentation must show the name(s) of the child(ren) for whom the application is being submitted.
- **Driver's License/Identification** – A copy of the primary applicant's driver's license or a state issued identification card must accompany each application.

Applications will be processed as promptly as possible. Applicant will be notified of status as soon as application has been processed.

Applicant may call for information on scholarship approval
Monday – Friday 11:00am - 5:30pm
972-208-5437



SCHOLARSHIP APPLICATION

1. PRIMARY APPLICANT: The primary applicant is the main provider for the child(ren) seeking assistance

Your Name: Driver's License # / State: Date of Birth: Address: Apt #: City: State: Texas Zip Code: Home Phone: Cell Phone: Email Address:

2. OTHER ADULTS: List all other adults living in the household

Table with columns: First Name/Last Name, Relationship to Child (Please circle one), Grand parent, Other

3. DEPENDENT CHILD(REN): List all dependent children living in the primary applicant's home

Child 1 - First Name/Last Name, Grade, Gender, Date of Birth, Sport (Include Team Name/Coach Name If Applicable); Child 2... Child 3... Child 4...

4. INCOME: List all income from all adults living in the household

Name of Person Receiving Income	Income Amount	How Often
_____ First Name / Last Name Employer Name: _____	\$ _____	_____
_____ First Name / Last Name Employer Name: _____	\$ _____	_____
_____ First Name / Last Name Employer Name: _____	\$ _____	_____

Government Assistance Received and Amount:

_____ SNAP	_____ Free/Reduced Lunch Program
_____ TANF	_____ Unemployment - \$ _____ Monthly
_____ WIC	_____ Disability - \$ _____ Monthly

TOTAL HOUSEHOLD ANNUAL INCOME: \$ _____

I certify the aforementioned information is true and complete to the best of my knowledge. I agree to inform PSA of any change in my income or family size. I understand any false information could jeopardize my financial assistance.

Signature of Applicant: _____

Date of Application: _____

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Approved Percentage Amount: _____

Approved By: _____

Date Approved: _____