



LITTLETON PANTHERS HARDSHIP SCHOLARSHIP APPLICATION

Sport: _____

Athlete Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: ____ - _____ (home), ____ - _____ (cell), ____ - _____ (work)

Email Address: _____

Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Attachments:

- Written Request from Parent/Guardian
- Documentation showing receipt of assistance such as food Stamps, Medicaid, SSI, Foster Care, WIC, etc.
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives
- Documentation demonstrating an immediate financial hardship

For Panther Use Only

Approved ____ Disapproved ____ Amount, if any, Awarded \$ _____

Panther President

Panther Treasurer

Sport Delegate

Panther Youth Sports
6834 S University Boulevard #244
Centennial, Colorado 80122
www.panthersports.org



TERMS AND CONDITIONS

By signing this form, I certify that the above information is correct to the best of my knowledge. I understand that the Littleton Panthers through awarding of a scholarship is not liable for any damage or injury occurring during participation in the sport for which the scholarship money is being used. Each scholarship recipient is responsible for his/her transportation to and from practices and games. You are also responsible for any equipment and uniforms required for participation. Scholarships will not be paid to the individual recipient, nor will any money be refundable to the individual. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from this program.

- If a scholarship is awarded to a child for a season and the child quits playing the sport, the child will not be eligible to receive another scholarship for 1 year.
- If a scholarship is awarded to a child for a season, there will be 15 hours of volunteer work for the Panthers required by the parent/guardian.
- If a family has more than one child applying for a scholarship, an application must be completed for each child. There will be 15 hours of volunteer work for the Panthers required by the parent/guardian per scholarship.
- Each scholarship application will be considered on a case-by-case basis by the Littleton Panthers President, Treasurer and Sport Delegate. The application is considered private and will not be shared with anyone other than those representatives.

By signing below, I agree to the above conditions. I understand that if the conditions above are not met in any way, my child will not be eligible for another Panthers Youth Sports scholarship during the calendar year.

Parent/Guardian Signature: _____ Date: ____/____/____

Participants Name: _____

Panther Youth Sports does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability, or cultural and religious backgrounds.

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