



FOOTBALL & CHEER

## Fee Waiver Application Process

Four Points Pop Warner may grant registration fee waivers to football and cheer athletes who, without this financial assistance, would not be able to participate. Scholarships are only available to cover the registration cost and are not available to cover any additional costs (equipment, team fees and any travel costs, etc).

Fee waiver requests must be submitted to the Four Points Pop Warner office no later than May 31, 2024. The scholarship committee, which includes members of the Executive Board, is bound by the corporation's confidentiality clause and will consider all complete applications received by the application deadline. The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number applicants, and amount of scholarship funds available. Scholarships are awarded for one season; therefore, individual registrants must reapply for each sport and year they are requesting assistance.

Four Points Pop Warner is a non-profit organization with a very limited amount of funding available for scholarship athletes. No guarantee of assistance is implied in this application. If the number of applications submitted and approved exceeds the amount available, the scholarships shall be awarded at the discretion of FPPW's Board with regard to quantity and dollar amount.

### REQUIREMENTS FOR ELIGIBILITY:

- Commitment to attend a minimum of 90% of scheduled events including practices, scrimmages, and games.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered. The application is available on the website [www.FPPW.org](http://www.FPPW.org) as well.
- If a Fee Waiver has been given, player must also provide all registration forms required.

### HOW TO COMPLETE THE APPLICATION

Please note that submitting an application does not confirm your enrollment into a program or guarantee a scholarship.

1. Complete application in its entirety, including the signature.
2. Provide a written explanation of the reason for the hardship
3. Provide documentation of any assistance programs player receives and wants to be considered as part of the application such as: Food Stamps, Medicaid, Social Security Income, Foster Care, WIC, etc. (please block out pertinent personal info)
4. Return application to: [fppwscholarship@gmail.com](mailto:fppwscholarship@gmail.com)

The applicant will be contacted within 30 days of submitting the application regarding approval of this scholarship request. If you have questions regarding the application, please email [fppwscholarship@gmail.com](mailto:fppwscholarship@gmail.com)

*Four Points Pop Warner 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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2024 Fall Fee Waiver Application

Parent/Guardian Name		
Player Name(s)		
Relationship to Player(s)		
Parent Address		
City, State & Zip		
Phone Number		
Email Address		
Have you enrolled in our scholarship program in the past?	___ Yes ___ No	
Do you receive disability/child support/social security?	___ Yes ___ No	
Is Social Security income your family's only source of income?	___ Yes ___ No	
What is your family annual gross income (before expenses & taxes)?		
How many individuals in your family (including yourself) are supported by your income?		
<b>Monthly Income</b>	<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
Net Income from Employment		
Social Security		
Public Assistance/Welfare		
Unemployment/Disability		
Worker's Compensation		
Alimony and/or Child Support		
Other (i.e. Rentals, Royalties, etc.)		
Subtotal		

I certify that the above information is true & correct:

Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach the below information if it pertains to your request:

- Provide a written explanation of the reason for the hardship
- Provide documentation of any assistance programs player receives and wants to be considered as part of the application such as: Food Stamps, Medicaid, Social Security Income, Foster Care, WIC, etc. (please block out pertinent personal info)
- Return application to: [fppwscholarship@gmail.com](mailto:fppwscholarship@gmail.com)