



## Legacy Sports Foundation Scholarship Application

### OVERVIEW

Legacy Sports Foundation (LSF) provides scholarships for registration fees to children, who without financial assistance would be unable to participate in LSF sports programs. In certain cases the scholarship may also provide assistance for basic equipment required to participate in LSF baseball. LSF is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system. **LSF does not discriminate on the basis of race, color, national origin, sex or disability in its program and activities.**

### ELIGIBILITY

Requirements for eligibility:

- Athletes must of eligible age to participate in a LSF baseball Program
- Parents/Guardians commit that the athlete will attend a minimum of **95% of all scheduled practices and games.**
- Parents/Guardians agree to volunteer **8 hours**, per scholarship recipient, with a maximum of **20 hours** per family per calendar year. Hours will support LSF related activities and must be completed no later than 1 month after the sport in which the scholarship was granted has completed.
- The maximum amount awarded per recipient family is \$5,000 per calendar year. Per IRS guidelines, LSF is required to issue a 1099 form to any individual or family that has received \$600.00 or more in funds or compensation in a calendar year.

### QUALIFICATIONS

Please provide all information required to help LSF determine qualifications. Scholarship consideration will be given to families that meet at least one of the following criteria criteria:

- Provide a copy of your IRS form 1040 from the recent tax year.
- Provide recommendation by school representative, social worker, youth community center workers or other social service representative
- Provide a written statement of immediate financial hardship explaining the current situation. LSF recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in a LSF baseball Program. In these instances, the LSF scholarship board will consider the financial hardship statement to determine scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.
- Complete the application process and read and sign the Terms and Conditions statement.

**Incomplete applications will automatically be denied.**

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## **PROCEDURE**

Scholarship requests must be submitted to LSF beginning August 1 to be considered for the 2024-2025 baseball season.

A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Scholarship Terms and Conditions must be initialed and the form must be signed and dated.

**Incomplete applications will be denied.**

**As indicated above, all of the following must be included to be considered for scholarship:**

- Income documentation (i.e. previous year tax returns)
- Letter from school, social worker, youth community center worker, or other social services representative
- Letter of hardship

The LSF Scholarship Committee will consider all scholarship applications completed with all necessary documentation and received.

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.

The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

Approval of a registration scholarship does not register the participant in the activity. Athlete must still register for their respective baseball team for which the scholarship was awarded

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# Legacy Sports Scholarship Application Terms and Conditions

*"I", "me" and "my" refer to the adult scholarship applicant.*

- \_\_\_\_\_ 1. By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.
- \_\_\_\_\_ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.
- \_\_\_\_\_ 3. I understand that members of the Legacy Sports Foundation Board of Directors consider each scholarship application on a case-by-case basis.
- \_\_\_\_\_ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.
- \_\_\_\_\_ 5. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.
- \_\_\_\_\_ 6. I understand that if any information provided during the scholarship application is deemed inaccurate, Legacy Sports Foundation may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to Legacy Sports Foundation the full value of any scholarship awarded.
- \_\_\_\_\_ 7. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 8 hours, per scholarship recipient, with a maximum of 20 hours required per calendar year. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for 12 months.
- \_\_\_\_\_ 8. I understand it is my responsibility to ensure my child(-ren) attend 95% of all scheduled practices and games.
- \_\_\_\_\_ 9. This application is considered private and will not be shared with anyone other than the scholarship review board.

\_\_\_\_\_  
Printed Name of Adult Applicant

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Name of Scholarship Athlete

\_\_\_\_\_  
Date

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ATHLETE INFORMATION			
Athlete's Name:		Age:	Birth date:
Address:			
Street:	City:	State:	Zip:
School Athlete Attends:		Grade:	
Teacher's Name:		School Phone:	
Athlete lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Other			
<b>PARENT / GUARDIAN INFORMATION:</b>			
Total Household Annual Income: \$			
Number of dependent children in your household during the last tax year:			
Number of people in your household total:			
Father/Guardian Name:		Occupation:	
Employer Name:		Employer Address:	
Home Phone:	Work Phone:	E-mail:	
Father/Guardian Monthly Income (including alimony/child support) \$:			
Mother/Guardian Monthly Income (including alimony/child support) \$:			
Mother/Guardian Name:		Occupation:	
Employer Name:		Employer Address:	
Home Phone:	Work Phone:	E-mail:	
Do you currently receive state or federal financial assistance? ( ) Yes ( ) No If yes, what type?			
If you receive state or federal financial assistance, is this your sole source of income? ( ) Yes ( ) No			
SCHOLARSHIP INFORMATION			
Amount of scholarship requested:		Full \$	Partial \$
Sport for scholarship request: ( ) Baseball			
<b>PREVIOUS PARTICIPATION</b>			
What other sport(s) has the child played? _____			
Name of Team & Organization _____			
What was the cost of that sport(s) played? _____			
Has this athlete ever received scholarships before? ( ) Yes ( ) No			
If yes:	Which sport(s):	Year(s) :	Amount \$
Please indicate supporting documentation being provided:			
( ) Proof of Income			
( ) Letter from school, social workers, youth community center workers, or other social services representatives			
( ) Written Personal Statement of Immediate Financial Hardship			
( ) Other (explain in detail):			

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