

## 2020 Cherry Creek Touchdown Club Scholarship Application

The Cherry Creek Touchdown Club ("Team) offers limited number of scholarships to assist athletes ("Players") defray the fees and costs associated with participation in the Team's summer and fall programs. All scholarships are based on financial need, as determined by a committee appointed by the Team's Board of Directors.

Players are eligible to apply for a scholarship provided that (i) the Player and the Player's family do not owe any past-due amounts to the Team, or if past-due amounts are owed, the Player's parents have entered a contract with the Team regarding payment of past-due amounts and are in compliance with the terms of the contract, and (ii) if the Player is a student of Cherry Creek High School, the Player participated in good faith in fundraising efforts (listed below) requested by a Team representative or coach. (Determination whether Player participated in good-faith efforts will be made at the Team's discretion). All scholarship applications and supporting documentation (as set forth below) must be submitted by June 1, 2020. Failure to timely submit these documents will render the Player ineligible for a scholarship this year.

### Fundraising efforts 2020

- Assist with program ad sales.
- King Soopers cards \$5 per \$100 strategy.
- eSponsor email campaign (20 names submitted).

Parents and guardians of Players seeking financial aid must fill out this application and provide certain financial information and documentation for the scholarship committee to review. Applications will not be considered unless they are signed by both parents/guardians and include the requested financial information and documentation. If parents do not reside together, they may complete and transmit the application separately. All information provided to the Team shall remain confidential and shall be used solely for the purposes of determining whether to award a scholarship to a Player.

### Personal Information

Player Name and Birth Date: \_\_\_\_\_

Name and Ages of Player's Siblings: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 1 Residential Address: \_\_\_\_\_

Parent 1 Phone Number(s): \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent 2 Residential Address: \_\_\_\_\_

Parent 2 Phone Number(s): \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

If parents do not reside in the same household, list the names and ages of all persons ages 18 and over who reside with each parent and specify each person's relationship to the Player.

**Financial Information (Must be filled out by each parent)**

Parent 1 Occupation: \_\_\_\_\_

Parent 1 Name & Address of Employer: \_\_\_\_\_

Parent 1 Salary (with bonus) or Hourly Rate: \_\_\_\_\_

Parent 1 Annual Gross Income Reported on Most Recent Tax Return: \$ \_\_\_\_\_

Parent 1 Other Sources of Monthly Financial Assistance

- . Child Support: \$ \_\_\_\_\_
- . Maintenance (alimony) \$ \_\_\_\_\_
- . Workers' Compensation or Disability Benefits \$ \_\_\_\_\_
- . Social Security Benefits \$ \_\_\_\_\_
- . Pension or Other Retirement Benefits \$ \_\_\_\_\_
- . TANF, Food Stamps or Other Government Benefits \$ \_\_\_\_\_
- . Unemployment Benefits \$ \_\_\_\_\_
- . Interest and Dividends \$ \_\_\_\_\_
- . Other Monthly Financial Benefits \$ \_\_\_\_\_

Parent 2 Occupation: \_\_\_\_\_

Parent 2 Name & Address of Employer: \_\_\_\_\_

Parent 2 Salary (with bonus) or Hourly Rate: \_\_\_\_\_

Parent 2 Annual Gross Income Reported on Most Recent Tax Return: \$ \_\_\_\_\_

Parent 2 Other Sources of Monthly Financial Assistance

- . Child Support: \$ \_\_\_\_\_
- . Maintenance (alimony) \$ \_\_\_\_\_
- . Workers' Compensation or Disability Benefits \$ \_\_\_\_\_
- . Social Security Benefits \$ \_\_\_\_\_
- . Pension or Other Retirement Benefits \$ \_\_\_\_\_
- . TANF, Food Stamps or Other Government Benefits \$ \_\_\_\_\_
- . Unemployment Benefits \$ \_\_\_\_\_
- . Interest and Dividends \$ \_\_\_\_\_
- . Other Monthly Financial Benefits \$ \_\_\_\_\_

## FINANCIAL DOCUMENTATION

The following documents must be provided by each parent to the Team in order for the Request for Financial Aid to be considered.

1. Most recently filed individual, federal tax return and supporting schedules
2. All W-2 Forms and 1099 Forms for the 2019 tax year

Parents may wish to provide a written explanation of any extenuating circumstances or other factors affecting their financial circumstances which could assist the scholarship committee in rendering a determination.

REMINDER: The application and supporting documentation must be received by the scholarship committee by June 1, 2020.

## TRANSMITTING APPLICATION

You may scan/email the application and financial documentation to [CherryCreekFootball@gmail.com](mailto:CherryCreekFootball@gmail.com) or mail them to the Cherry Creek Touchdown Club Scholarship Committee, Attn: Bill Pell, PO Box 4474, Greenwood Village, CO 80155.

## CERTIFICATION

I certify that the information in this application and financial documentation that I am providing to the Team are true and accurate to the best of my knowledge. I understand that the scholarships are offered in the Team's discretion and that submission of this application is not a guarantee the Player will receive a scholarship.

\_\_\_\_\_ Parent Name 1

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Parent Name 2

\_\_\_\_\_ Signature \_\_\_\_\_ Date