



Washtenaw Junior Football



THE RICK DEBACKER SCHOLARSHIP

ALL FORMS SHOULD BE SUBMITTED TO WJF TWO WEEKS BEFORE REGISTRATION

WASHTENAW JR. FOOTBALL

Attn: Scholarship

P.O. Box 2591

Ann Arbor, MI 48106

Those applying are required to read this application in its entirety.

The Rick Debacker Washtenaw Jr. Football Financial Aid Scholarship is dedicated to the service of an outstanding volunteer member of the Washtenaw Junior Football Organization. For countless years, Rick has dedicated his time and service to lend a helping hand in the founding, restructuring and running of the organization. Rick's tireless efforts have positively affected the lives of hundreds of players, cheerleaders and parents year in and year out. The Rick Debacker scholarship is a need based scholarship only. Applying for a scholarship does not guarantee or indicate that a player or cheerleader will be awarded said scholarship. This scholarship application cannot be considered a guaranteed form of payment for registration of any player or cheerleader. It is also understood that scholarship monies are only granted on a need basis so long as scholarship funds are available.

Once scholarship funds become available, those who apply and their respective families may be required to provide proof of financial need, included but not limited to a letter from their Family Independence Agency case worker stating and verifying their financial need. Additionally, parents, or those applying on behalf of a cheerleader or football player, may be required to contribute a co-pay of at least, but not limited to, \$25. Also, parents are required to fulfill the normal 4 hours of volunteer commitment. Those players are also required to write a short essay on life skills learned from participating in Washtenaw Junior Football. Those participants who are awarded scholarships whose families do not meet all said requirements will have their scholarships withdrawn. Withdrawn scholarships will be considered as payment due. Cheerleaders or Players whose scholarships have been withdrawn will be subjected to team suspension from team practices and/or games until payment has been received in full.

Parents Understanding

I, _____, promise to contribute to my child's scholarship fund as per all the aforementioned requirements by Washtenaw Junior Football. I also understand that by signing this application that I willingly volunteer at least my 4 hours of services to Washtenaw Junior Football. Furthermore, it is understood that my child's scholarship, if awarded, may be withdrawn if all requirements are not met. If my player's or cheerleader's scholarship has been withdrawn, I understand that I will be required to pay his or her registration fee.

By signing here I agree that I have read and do firmly understand this application.

Sign here _____ Date _____



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Application

All information included in this application will be considered confidential and treated as such.

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(If all forms are not properly filled out, application will not be considered)

For more information visit www.washtenawjrfootball.org

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P.O. Box 2591

Ann Arbor, MI 48106

Please complete the following application, one application per child:

Child's Name: _____ Age: _____ Male/Female: _____ Birth date: _____

Parent/Guardian: _____ Home phone: _____ Alt.phone: _____

Permanent Address: _____
street city state zip

School Child Attends: _____ Grade: _____

Does your child qualify for free or reduced school lunch (you may be required to provide proof):
YES NO

Has your child ever received a need based scholarship from any other organization? YES NO

If so, indicate organizations and dates: _____

Parent, will you or a member of your family be able to commit at least 4 hours of your time during the season to lend a helping hand with the organization? YES NO

Will your player or cheerleader be able to write a short essay about life skills learned through football and WJF? YES NO

Please indicate which of the following you are requesting:

Please circle one choice. Registration fee waiver Partial registration fee waiver (up to 50%)

Please indicate which unit and squad your child is/will be a participant of. Please circle unit.	
MAIZE	BLUE
Freshmen Cheer	Freshmen Cheer
Freshmen Football	Freshmen Football
Junior Varsity Cheer	Junior Varsity Cheer
Junior Varsity Football	Junior Varsity Football
Varsity Cheer	Varsity Cheer
Varsity Football	Varsity Football



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Consent to Exchange Information

I understand that additional information may be required to adequately serve myself/my child, to coordinate services with other agencies, and to verify eligibility for services. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to provide or coordinate these services. I certify that all of the information I have supplied is true and correct. I permit Washtenaw Junior Football Scholarship staff or any corresponding board member to verify the information on this application. I understand that my child's participation in this scholarship program, if accepted, requires not only a commitment on my behalf, but a commitment by them to attend scheduled practices and games (barring any unforeseen circumstances). Furthermore, I understand that any misrepresentation of information provided by myself on behalf of any player or cheerleader will lead to their immediate suspension from Washtenaw Junior Football Activities and revocation of scholarship.

REQUEST FOR REGISTRATION FEE WAIVER or REGISTRATION FEE REDUCTION

I am currently enrolled in a public assistance program such as Free or Reduced Lunch, General Relief, Food Stamps, ADC, Foster Care, Medicaid or SSI. I request a fee waiver for the Youth Sports Scholarship Program and give my permission for the Department of Family Services to release information verifying my eligibility. I understand that if I am receiving Medicaid or SSI, I must submit proof that I am receiving services.

_____, is signing this form for _____
(full printed name of requesting person or persons) (Printed name of child applying for assistance)

Signature of Parent/ Guardian: _____ **Date:** _____

This section **MUST** be completed in order to process the application, or attach verification documents:

Verification: _____ Date: _____

Name of FIA caseworker (if applicable): _____

Phone: _____ Ext: _____

Case Number: _____



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ESSAY

ALL PLAYERS AND CHEERLEADERS ARE REQUIRED TO SUBMIT AN ESSAY AS PART OF THEIR APPLICATION IN THEIR OWN WORDS

ESSAY SUBJECT:

LIFE SKILLS-RESPONSIBILITY, GOAL SETTING, SPORTSMANSHIP, SELF CONTROL, SMART MOVES, TEAMWORK, LEADERSHIP, AND PERSERVERANCE

ESSAY TOPIC:

WHAT DOES EACH LIFE SKILL MEAN TO YOU AND HOW DO YOU DEMONSTRATE IT ON THE FOOTBALL FIELD, IN SCHOOL, OR AT HOME?

(Please answer each with no more than three or four sentences)

Responsibility (Learn, Be on Time, and Be Prepared)

Goal Setting (Set Your Goal, Prepare/Practice, and Don't Give Up)

Sportsmanship (Fair Play, Respect, and Honesty)

Self Control (Think/Don't React, Keep A Clear Head, and Control Emotions)

Smart Moves (Review Options, Make A Decision, and Accept the Outcome)

Teamwork (Together Everyone Achieves More)



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ESSAY (Continued)

Leadership (Dedicated, Lead By Example, and Take Initiative)

Perseverance (Courage, Determination, and Positive Thinking)

If you have any questions, please feel free to contact Heath Boston at (734) 709-3033 or E-mail (heath_boston@yahoo.com).