

Dakota Ridge Sports Association Scholarship Program Application Information and Instructions

Dakota Ridge Sports Association is a non-profit organization with limited funding for scholarship athletes. However, the Dakota Ridge Sports Association Board of Directors will try their best to provide assistance to qualified applicants. Please apply as soon as possible for each sport. A deadline will be issued for each sport for each season solely at the discretion of the Dakota Ridge Sports Association Board of Directors. All applications must be submitted by the deadline.

*****IN ORDER TO PROVIDE AS MANY SCHOLARSHIPS TO FAMILIES IN NEED IN OUR COMMUNITY, AN ATHLETE/FAMILY MAY NOT RECEIVE MORE THAN TWO CONSECUTIVE FULL SCHOLARSHIPS. *****

Requirements for Eligibility:

- **Athlete MUST be eligible to participate in a Dakota Ridge Sports Association Youth Sport.**
- **Parents/Guardians of the athlete commit that the athlete will attend a minimum of 80% of all scheduled practices and games. If this commitment is not met, the scholarship will be revoked and the athlete will become INELIGIBLE to practice or play in games with his/her team.**
- **Parents/Guardians/Athlete will volunteer time at TWO Dakota Ridge Sports Association Events (tournaments, office work, gym or game monitor, or any other area that Dakota ridge Sports Association might require volunteer help in).**
- **Athlete's family account with Dakota Ridge Sports Association must be in good standing and have no past due balances.**
- **Athlete's family DOES NOT need to be receiving government assistance in order to submit an application. The required Statement of Financial Hardship should state the reason why a family/athlete is applying for a scholarship.**

Documentation Required:

- **Statement of Financial Hardship written by athlete's parent/guardian.**
- **Written recommendation by school representatives, social workers, community center youth workers, or other Social Services workers. (NOT REQUIRED, BUT HELPFUL)**

- **If applicable, proof of receipt of assistance from government programs such as Food Stamps, Medicaid, SSI, Foster Care, WIC, Free/Reduced School Lunch, etc....**
- **The parent/guardian of the athlete MUST read and sign the TERMS AND CONDITIONS STATEMENT.**

How to Apply:

- **Applications must be submitted to the Dakota Ridge Sports Association office by the deadline that has been set for each sport for each season. LATE APPLICATIONS WILL NOT BE ACCEPTED. ****Applications must be mailed or brought into the Dakota Ridge Sports Association office. We must have original signatures. Emailed/Scanned copies will not be accepted.**
- **The application must be 100% completed and contain the Statement of Financial Hardship, supporting documentation if applicable, and the signed Terms and Conditions Statement. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**
- **Approval/Denial of all scholarship applications and the dollar amount awarded is at the sole discretion of the Dakota Ridge Sports Association Board of Directors. ****If a partial scholarship is awarded to an athlete's family, and a payment plan is offered to help with the completion of the payment of the remaining balance, the family must adhere to the approved payment plan. If payments are not made ON TIME and for the AGREED UPON AMOUNT, the scholarship will be revoked and the athlete will become INELIGIBLE to practice or play in games with his/her team. ******

If you have any questions please call our office at 720-407-4359. Our address is 5944 S. Kipling Pkwy, Suite 200, Littleton, CO 80127.

****** Dakota Ridge Sports Association does not discriminate on the basis of color, age, sex, sexual orientation, or race.******

TERMS AND CONDITIONS STATEMENT

“I”, “me”, and “my” refer to Adult Parent/Guardian of the athlete.

- 1. I certify that the information provided in the accompanying Scholarship application and supporting documentation is true and correct to the best of my knowledge.**
- 2. I understand that Dakota Ridge Sports Association, through the awarding of a scholarship, shall not be liable for any damage or injury occurring to the athlete, the facility, or other participants in the sport for which the scholarship is being used.**
- 3. I understand that I and/or other family members must volunteer my time at TWO Dakota Ridge Sports Association sponsored events. (Tournaments, Office Work, Game or Gym Monitor, or any other area that Dakota Ridge Sports Association might require volunteer help in.)**
- 4. I understand that each scholarship recipient is responsible for his/her own transportation to and from practices and games.**
- 5. I understand I am responsible for any equipment and/or uniforms required for my child’s participation.**
- 6. I understand that awarded scholarships will not be paid directly to me, but will be applied to my family account. There will be no monetary exchange between Dakota Ridge Sports Association and myself. I understand that no money will be refundable to me.**
- 7. I understand that if any written statements or documents, submitted by myself or others regarding this scholarship application, are found to be intentionally false, misleading, or inaccurate, the athlete’s scholarship will be immediately revoked and the full value of that scholarship will be payable immediately to Dakota Ridge Sports Association.**
- 8. I understand that if the athlete quits playing the sport that the scholarship was awarded for, or fails to attend 80% of practices and games, the scholarship will be revoked and the athlete will become INELIGIBLE to practice or play in games with his/her team.**
- 9. I understand that all scholarship requests and subsequent dollar amounts will be evaluated and awarded at the sole discretion of the Dakota Ridge Sports Association Board of Directors.**
- 10. I understand that this scholarship application is private and will not be shared with anyone other than representatives of Dakota Ridge Sports Association.**
- 11. I understand that I must provide a true and complete W-9 Form and any other applicable tax obligations to the IRS that may result from this scholarship.**

- 12. I understand that this scholarship application must be 100% complete and contain a Statement of Financial Hardship, and any required documentation or letters. If this application is incomplete in any way, I understand it will be immediately denied.**
- 13. I understand that my complete application must be mailed or taken into the Dakota Ridge Sports Association office and must contain original signatures. I understand that no emailed/scanned copies will be accepted.**
- 14. I understand that in order to be approved for a Dakota Ridge Sports Association athletic scholarship , my family account with Dakota Ridge Sports Association must be in good standing, and it may not contain any past due balances.**
- 15. I understand that my athlete(s)/family may not receive more than two consecutive full scholarships.**

Printed Name of Parent/Guardian

Signature

Name of Scholarship Athlete

DAKOTA RIDGE SPORTS ASSOCIATION ATHLETIC SCHOLARSHIP APPLICATION

Athlete's Name: _____		Age: _____	Date of Birth: _____
Address: _____			
Street	City	State	Zip Code
School Athlete Attends: _____		Grade: _____	
Teacher's Name: _____		School Phone Number: _____	
Athlete Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Names) _____			
Scholarship Requested for What Sport? _____			
Amount of Scholarship Requested: _____		Full <input type="checkbox"/>	Partial \$ _____
Total Household Income: \$ _____		Number of Dependents in Household Last Tax Year: _____	
Father/Guardian Name: _____		Occupation: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
Email Address: _____			
Mother/Guardian Name: _____		Occupation: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	
Email Address: _____			
Do you currently receive State or Federal Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what type? _____			
Is this your only source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No **Other Income? _____			
Have ANY member of your family received an Athletic Scholarship from Dakota Ridge Sports Association or any other Sports Association in the past? <input type="checkbox"/> Yes (From which Association?) _____ <input type="checkbox"/> No _____			
PLEASE PROVIDE ALL SUPPORTING DOCUMENTATION FOR YOUR APPLICATION. SEE APPLICATION INSTRUCTIONS FOR A LIST OF ALL RELEVANT QUALIFICATIONS.			

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes Dakota Ridge Sports Association to obtain verification of all information on this application. I certify that all of the information on this application, and all information provided in conjunction with this application are true and correct.

Parent/Guardian Signature _____ Date _____