

**La Plata Blue Knights**  
**Football and Cheerleading Organization PO**  
**Box 534, Port Tobacco, Maryland 20677**  
**www.lpbk.com**

**Hardship Scholarship Application**

**OVERVIEW**

In accordance with the La Plata Blue Knights Operating Code, Section 1.4, paragraph 4, any parent, or legal guardian may apply for a confidential scholarship to provide financial assistance with registration fees. All funds are disbursed on availability and applicant's ability to demonstrate reasonable hardship. Each season twelve (12) scholarships will be made available to either football or cheerleading participants. The application will be reviewed by the Board of Directors. The information in this application will be kept confidential among all parties.

**ELIGIBILITY**

The applicant must meet one of the following requirements to apply:

1. Single parent/guardian with one or more children receiving public assistance, SSI, or Social Security. (Attach eligibility report from Social Services/Social Security with the name(s) of the child/children).
2. Two parent household with two or more children receiving public assistance, SSI, or Social Security. (Attach eligibility report from Social Services/Social Security with the name(s) of the children).
3. Any Charles County Public School Student that is a participant in CCPS Mentoring Program (attach letter from school).
4. Family suffering financial hardship (attach detailed explanation).
5. If a family has been awarded a financial hardship by LPBK in previous seasons, they must have fulfilled their mandatory volunteer hours in the previous season. Any family who failed to do so, will be denied.

**PROCEDURES**

Hardship Scholarship Applications are open until April 1st. Registration and applications must be submitted by the April 1st to be considered. Please mail to the address shown above or submit via email to [info@lpbk.com](mailto:info@lpbk.com) **within 15 days** after registration is submitted. Submission of this form does not guarantee full or partial financial assistance. All applications are subject to Board approval. Expenses other than LPBK registration are not eligible for financial assistance. A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Hardship Scholarship Terms and Conditions must be initialed and the form must be signed and dated.

**Incomplete or late applications will be denied.**

**No hardship requests will be accepted after the April 1<sup>st</sup> deadline.**

As indicated above, one of the following must be included to be considered for financial assistance:

- Eligibility report from Social Services/Social Security with the name(s) of children
- State for Federal assistance documentation.
- Letter from school, social worker, youth community center worker, or other social services representative
- Letter of hardship

The LPBK BOD will consider all hardship scholarship applications completed with all necessary

documentation and received by the April 1st deadline. The parent, guardian, or head of household will be notified in either case of financial assistance being awarded or not. Equipment will not be issued until the application has been approved.

- Order of submission does not prioritize applicants; the BOD will approve applications based on greatest need.
- All approved full and partial scholarships require **4 hours (per child)** of volunteer work during the season.

### Hardship Scholarship Application

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Phone number: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Email: \_\_\_\_\_  
Years with League: \_\_\_\_\_

Applying for: \_\_\_\_\_ Full financial assistance (you will pay \$0 of total registration costs)  
\_\_\_\_\_ Partial financial assistance (you will pay ½ of total registration costs)

All approved full and partial scholarships require 4 hours (per child) of volunteer work during the season. What days are you available: \_\_\_\_\_ Weekends \_\_\_\_\_ Weekday Evenings

What volunteer activities can you help with? \_\_\_\_\_ Field Set up/Clean-up \_\_\_\_\_ Concession Stand

Have you been approved for financial assistance through LPBK in previous seasons?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, did you fulfill your required 4 hours (per child) volunteer work in the previous season?

\_\_\_\_\_ Yes; if so, what did you do? \_\_\_\_\_

**No (You are not eligible; please provide full payment)**

Parents/Guardians must commit that the athlete will attend a minimum of 90% of all scheduled practices, games, and ALL cheerleading competitions if your athlete is a cheerleader.

Involvement with the League: Are you a coach or have assisted with the league's fundraisers, homecoming, and/or any other events?

Reason for Request: Provide, in as much detail as possible, the reason for the request and nature of your financial hardship.

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LPBK provides scholarships on a limited and as needed basis. We reserve the right to deny any application even if a previous scholarship was awarded. Applications for a full scholarship may be approved for a partial scholarship. All decisions are FINAL. A scholarship award can only be applied to one season. Additional seasons require the submission of another application. There are NO refunds or transfers of financial assistance.

Failure to provide acceptable documentation will result in a denied application. Falsifying information on this application will result in the immediate withdrawal of your child from our league. Failure to fulfill your volunteer hours will render you ineligible for future scholarships. Applicants are strongly encouraged to review all information on this form carefully before submitting to LPBK.

Signature:

I certify that all the above information is true, correct, and reported accurately. I understand that this information is being provided for consideration for a scholarship to participate in a sports activity and any LPBK officer may verify the information on the application. Deliberate misrepresentations of the information may result in the revocation of the scholarship.

X

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Signature of Adult Parent/Guardian

All information contained in this application is confidential and will not be copied, distributed, or publicly released. This application becomes property of LPBK.

## **La Plata Blue Knights Hardship 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 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 LPBK 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 on the scholarship application is deemed inaccurate, LPBK 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 LPBK 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 4 hours per scholarship recipient, with a maximum of 10 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.
- \_\_\_\_\_ 8. I understand it is my responsibility to ensure my child(ren) attend 90% of all schedule practice and games, as well as cheerleading competitions if my child is a cheerleader.
- \_\_\_\_\_ 9. This application is considered private and will not be shared with anyone other than the Board of Directors.

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

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

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

\_\_\_\_\_  
Date