



Youth Sports Scholarship Program

Our Mission to influence the lives of young athletes by providing an opportunity to be involved in youth activities that build character, instill strong values and encourage healthy choices through the game of football.

At this time, the All Play Foundation provides registration fee scholarships and equipment vouchers to help eligible youth participate in the Phoenix Storm Football Program only. This scholarship program provides assistance to youths from low-income families who are not currently being served by existing scholarship or fee waiver programs.

Eligibility:

To be eligible for a scholarship, a child must:

<p>Qualify or be currently receiving assistance from one or more of the programs listed below:</p> <ul style="list-style-type: none"> • Free or Reduced School Lunch • Temporary Assistance for Needy Families • Aid for Dependent Children • Foster Care • Medicaid 	AND	<p>Meet each of the criteria listed below:</p> <ul style="list-style-type: none"> • Live in Maricopa County • Be enrolled in school (kindergarten through 8th grade) • Commit to attend a minimum of 80% of scheduled practices and games • Not be currently served by an existing scholarship or fee waiver program
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To Apply:

1. Applications must be submitted to the Phoenix Storm Football Organization. **Parents should complete the application and submit it to the Phoenix Storm sports organization.**
2. **Parents:** To apply, complete the application on the next page. Ensure that a parent has signed the application. Attach official documents signifying the child is receiving aid. If such documents are not available, a school employee, social worker, or caseworker must sign the form to verify eligibility.
3. **Parents:** Provide a copy of your child's most recent report card.
4. **Parents:** Provide at least two letters of character reference for your child from non-family members: teacher, coach, church leader or similar
5. **Phoenix Storm:** Submit applications via mail by the following deadline:
 - a. Spring Football Camp: March 1
 - b. Summer Football Camp: May 1
 - c. Fall Football Season: July 1
6. Eligible applicants will be confirmed and awarded scholarships beginning one month after the application deadline. Registration waivers will be sent directly to the sports organizations and equipment vouchers will be sent directly to the equipment supplier.

If you have any questions, please contact All Play at info@allplayfoundation.com



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PARENTS: COMPLETE THIS FORM AND SUBMIT TO THE PHOENIX STORM

Child's First Name:	Parent/Guardian's First Name:
Child's Last Name:	Parent/Guardian's Last Name:
Age:	Street Address:
Gender:	City, State, Zip:
Date of Birth:	Daytime Phone:
School:	Evening or Cell Phone:
Grade:	E-Mail Address:

- **Which season is your child registered to play? Please circle one:**
Spring Camp Summer Camp Fall Football Season
- **Which type of assistance are you requesting? Please circle all that apply:**
Registration Fee Waiver Equipment Voucher

CONSENT TO EXCHANGE INFORMATION I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child's information. I certify that the information supplied is true and correct and that All Play, Inc. staff has my permission to verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games.

REQUEST FOR FEE WAIVER AND/OR EQUIPMENT VOUCHER My child is currently enrolled in a public assistance program such as Free or Reduced Lunch, ADC, Foster Care, or Medicaid. I request a fee waiver and/or equipment voucher for the All Play Foundation, Inc. and give my permission for the Department of Family Services to release information verifying my eligibility. I understand that I must submit proof that I am receiving services.

Signature of Parent/Guardian _____ Date: _____

A non-returnable copy of official documentation signifying that the child is receiving aid must be attached. If documentation is not available, the following section must be completed and signed by a school counselor or staff, caseworker, or other official.

I verify this applicant is receiving aid as specified above.	
Name of Official Verifying Aid:	
Signature:	
Position:	Phone:
Name of Aid or Service Program:	Case#(if applicable)