



Fairfax County
Neighborhood and Community Services

Youth Scholarship Program Instructions

The Fairfax County Neighborhood and Community Services (NCS) provides registration fee scholarships and equipment vouchers to help eligible youth participate in sports programs in Fairfax County. 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:

Qualify for or be currently receiving assistance from one or more of the programs listed below:

- Free or Reduced School Lunch
- Temporary Assistance for Needy Families
- Aid for Dependent Children
- Foster Care
- Medicaid

AND

Meet each of the criteria listed below:

- Live in Fairfax or the City of Fairfax
- Be enrolled in school (kindergarten through 12th 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

Priority may be given to eligible youth recommended by a Department of Family Services or Fairfax County Public Schools social worker or a NCS program director, or to youth involved with services provided under the Virginia Comprehensive Services Act (CSA) or other Fairfax County human services initiatives.

To Apply

1. Applications must be submitted by sports organizations. Parents should complete the application and **submit it to their child's sports organization.**
2. **Parents:** To apply, complete the application on the reverse of this page. Ensure that the application has been signed by a parent. Attach official documents signifying the child is receiving aid. If such documents are not available, a school employee, social worker, or case worker must sign the form to verify eligibility.
3. **Parents:** Submit the application to the child's sports organization. **Do not send the application to NCS.**
4. **Sports Organizations:** Submit applications via mail or fax to NCS by the following deadlines:
 - a. Spring Season: May 1
 - b. Summer/Fall Seasons: November 1
 - c. Winter Season: February 1
5. Eligible applicants will be confirmed and awarded scholarships beginning one month after the application dead line. Registration waivers will be sent directly to the sports organizations and equipment vouchers will be sent directly to the participants.

If you have any questions, please contact NCS at 703-324-5610, TTY 711 or AthleticServices@fairfaxcounty.gov.



Fairfax County
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Youth Scholarship Program Application

Parents: Complete this form and submit it to your child's sports organization. Turn in one application per child, per season.

Child's First Name:	Parent/Guardian First Name:
Child's Last Name:	Parent/Guardian Last Name:
Date of Birth:	Street Address:
Age:	City, State, ZIP:
Gender:	Daytime Phone:
School:	Evening or Cell Phone:
Grade:	E-mail Address:
With which sports organization/league/club is your child registered to play? <i>Reston Youth Basketball League</i>	
During which season is your child registered to play? (circle one) <div style="display: flex; justify-content: space-around; align-items: center;"> Spring Summer Fall Winter </div>	
Which sport is your child interested in playing? (circle one choice per season) <div style="display: flex; flex-wrap: wrap; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">Baseball</div> <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 2px;">Basketball</div> <div style="text-align: center;">Cheerleading</div> <div style="text-align: center;">Football</div> <div style="text-align: center;">Lacrosse</div> <div style="text-align: center;">Softball</div> <div style="text-align: center;">Soccer</div> <div style="text-align: center;">Track</div> <div style="text-align: center;">Volleyball</div> <div style="text-align: center;">Other: _____</div> </div>	
Which type of assistance are you requesting? (circle one) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 2px;">Registration Fee Waiver:</div> <div>Documentation allowing a portion or all of the athlete's league fees to be waived for the season due to economic hardship.</div> </div> <div style="margin-top: 10px;"> Equipment Voucher: Funding provided to purchase seasonal athletic equipment or apparel. </div>	

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 NCS staff have 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 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 or equipment voucher 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 I must submit proof that I am receiving services.

VIRGINIA FREEDOM OF INFORMATION ACT I understand that my child's registration information is public record and, as such, may be released under the Virginia Freedom of Information Act unless I specifically request that this information not be released; therefore:

☐ I grant NCS permission to release my child's registration information.

☐ I do not grant NCS permission to release my child's registration information.

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, case worker, or other official.

I verify this applicant is receiving aid from one of the qualifying programs specified above.

Name of Aid Service or Program: _____

Case Number (if applicable): _____

Name of Official: _____

Position: _____

Phone Number: _____

Signature: _____

Date: _____



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Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities.
Reasonable accommodations will be provided upon request. For more information, call 703-324-4600, TTY 711.

