



Londyn Humphrey Scholarship Fund Application

It is the mission of Champions for Life to provide services for any person or family who desires to participate in CFL activities, regardless of the ability to pay the standard membership or program fee. Every year CFL raises money to help scholarship youth and families. Those not able to pay the full fee may be awarded assistance based on their demonstrated ability to pay. CFL reserves the right to refuse assistance to any applicant.

To be eligible for a scholarship, applicants must work or reside in the CFL service area (Cayuga County or any contiguous county) and meet household/yearly income requirements. CFL believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their CFL programming; therefore, applicants will be asked to pay some portion of the fees. Scholarships are awarded for a one year period for all participating programs at CFL. Applicants will be notified once their application has been reviewed.

To apply for a scholarship, please deliver the following information to Champions for Life:

- Completed scholarship application
- Most recent income tax return (this will be reviewed and returned to you); and
- Last four weeks of pay stubs; or
- Benefit statement letter from DSS or SSA; or
- Letter from employer on employer letterhead stating average weekly wages

This application does not register the participant, nor does it reserve space in a CFL program

| Parent/Guardian First Name | Parent/Guardian Last Name | DOB | M/F | Program Requested |
|----------------------------|---------------------------|-----|-----|-------------------|
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| | | | | |
| Family Member First Name* | Family Member Last Name | DOB | M/F | Program Requested |
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*Any additional family members should be written on the back of this form. All family members who want to be considered must be included on the provided income tax return information.

Address: _____ City: _____ State: _____ Zip: _____

Phone (work): _____ (home): _____ (cell): _____

Email Address: _____

Please Indicate: Number of Household Members: _____ Adjusted Gross Income (AGI, per tax return): _____

Any extenuation circumstances that you would like us to consider: _____

I certify that the above information is true and complete to the best of my knowledge. I agree to inform CFL immediately of any change in my income or family size. I understand that false or incomplete information could jeopardize my scholarship.

Signed: _____ Date: _____

CFL Staff Use ONLY
 Date Application Received: _____
 Adjusted Gross Income: \$ _____
 Verified by: _____ (1st staff initials)
 Verified by: _____ (2nd staff initials)

CFL Staff Use ONLY: (___%) Approved Denied
 Staff Signature: _____ Date: _____
 Applicant contacted Entered in Class requested

Additional Notes to File: _____

