

# Peachtree Ridge Youth Athletic Association

## Scholarship Application

Note: PRYAA scholarships are intended for those families who reside in the Peachtree Ridge cluster of schools and volunteer work hours are required of the parent/guardian for the upcoming season.

Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School Attends: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I am requesting a scholarship as follows:    Full \_\_\_\_\_    Partial \_\_\_\_\_

**PRYAA has a limited number of scholarships. Please briefly explain your circumstances on why a Scholarship is needed. All information will be kept confidential.**

Check all that apply to your situation:

\_\_\_\_\_ Federal Welfare recipient

\_\_\_\_\_ Free or Reduced School Meal program\*

\_\_\_\_\_ Social Security Benefits

\_\_\_\_\_ Social Security Disability Benefits

\_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* - If you are requesting a scholarship based on free or reduced meals, please contact the Gwinnett County Public School Nutrition Department to obtain a confirmation letter that you do participate and include this letter with your application. snp\_fr@gwinnett.k12.ga.us.

Have you received a scholarship from PRYAA for this sport or other sports? Yes \_\_\_\_\_ No \_\_\_\_\_

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### **Scholarship Application**

**The Sport offering the scholarship may require the parent/guardian of a scholarship recipient to work a minimum of 3 shifts at 1.5 hours during the season. By signing this form, the parent/guardian agrees to sign up and complete these shifts (not the child). Failure to meet these work requirements can result in suspension of play, revocation of scholarship funds and future scholarships, at the discretion of the Sports Board. The shifts will be at the PRYAA park and may include gate duty, trash collection, concessions, and equipment clean-up as needed.**

**By signing below, you state that all information given on this form is accurate and you agree to work the minimum shift hours required by the Association.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Please email a copy of all your documents to [Scholarship@pryaasports.com](mailto:Scholarship@pryaasports.com)