



## Youth Athlete Scholarship Request

The Upper Arlington Community Foundation is a home for philanthropy in UA that leads efforts to connect our community around big ideas and projects, enhances our local nonprofits, and builds community leaders. Our grants support the health and wellness, safety, and belonging of our neighbors, strengthen arts and culture, and beautify our public spaces

Every kid deserves to play sports. If the registration fee is a barrier for your family, we are glad to help, no financial documents required. Payment is made directly to the school or league, and all requests are kept confidential.

**Return this form to:** [info@uacommunityfoundation.com](mailto:info@uacommunityfoundation.com), **or mail to:** UA Community Foundation, 3600 Tremont Rd, Columbus, OH 43221. **Questions?** Contact the Foundation at 614-451-0700.

### Youth Athlete Information

Youth athlete name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

### Team Information

Sport / team: \_\_\_\_\_

Season or session: \_\_\_\_\_

Registration fee: \$ \_\_\_\_\_

School or league contact for payment (name, email, or phone):  
\_\_\_\_\_

### Scholarship Request

- We request a scholarship covering the **full** registration fee
- We request a **partial** scholarship of \$ \_\_\_\_\_ (we will pay the remainder)
- Paying this fee would be a hardship for our family at this time.

### Parent / Guardian

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I confirm the information above is accurate, and I give the Upper Arlington Community Foundation permission to confirm my youth athlete's registration and arrange payment directly with school or league.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_