

# Youth League Scholarship Application



## Youth League Scholarship Information

Licking Memorial Health Systems (LMHS) provides registration fee scholarships to children who, without this financial assistance, might not be able to participate in one of Licking County's youth recreational athletic leagues. The LMHS Youth League Scholarship program provides opportunities for area youth to participate in recreational team sports as part of our mission to improve the health of the community. Participation in recreational team sports provides physical, mental and character-building benefits.

Currently, LMHS Youth League Scholarships are being offered, but not limited to, the following leagues:

AYSO Soccer	Licking Valley Youth Bidy Football League
Granville Recreational District	Licking Valley Youth Sports Association
Heath Sertoma Youth Athletic Association	Miller Park Diamond Association
Johnstown Youth Athletic Association	Mound City Little League & Softball
Lakewood Youth Baseball Association	Newark Area Soccer Association
Lakewood Youth Softball Association	Newark Ice Hockey Association
Licking County Family YMCA Leagues	North Newark Little League
Licking County Sports Association	St. Louisville Youth Leagues
Licking Heights Youth Association	Southwest Licking Youth Baseball League
Summit Station Licking Heights Youth Football Association	Upward Basketball
	Utica Youth Athletics

Please return the completed application to:  
Licking Memorial Hospital  
Development Department  
1320 West Main Street  
Newark, Ohio 43055

If you have any questions or need assistance completing the LMHS Youth League Scholarship application, please call the Development Department at (220) 564-4102, from 8:00 a.m. to 4:30 p.m., Monday through Friday.

## Eligibility

To be eligible for the LMHS Youth League Scholarship program:

- Athlete must be a Licking County resident.
- Athlete must be age 15 or younger.
- Athlete participates in a minimum of 80 percent of the scheduled practices and games.
- Participation by a family member in at least one (1) volunteer opportunity during the scholarship season.
- Athlete or parent must have completed the youth league's registration form.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided.

***\*Please note that school sports are not eligible for this scholarship.***

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All information on form must be completed. An individual application is required for each child.

Athlete's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

School athlete attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Athlete lives with: ( ) Both parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Amount of scholarship requested: Full \$ \_\_\_\_\_ Partial \$ \_\_\_\_\_

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### PARENT / GUARDIAN INFORMATION:

Total household gross annual income: \$ \_\_\_\_\_

Number of people in your household during the last tax year: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Season for scholarship request: ( ) Spring ( ) Fall ( ) Winter Year: \_\_\_\_\_

League and sport to which this scholarship request applies: \_\_\_\_\_

Has this athlete ever received scholarships from another resource? If yes, please list resource and year?

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### CONSENT TO RELEASE INFORMATION:

I understand that my signature authorizes LMHS to obtain verification of all information on this application and that additional information may be necessary for approval. I certify that all of the information on this form is true and correct. I understand that my child/children's participation in this program requires a commitment to attend a minimum of 80 percent of the scheduled practices and games.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

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**Licking Memorial  
Health Systems**