

Licking Memorial Health Systems

# 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 for, but not limited to, the following leagues:

- AYSO Soccer
- Buckeye Valley Family YMCA Leagues
- Granville Recreational District
- Heath Sertoma Youth Athletic Association
- Johnstown Youth Athletic Association
- Lakewood Youth Baseball Association
- Lakewood Youth Softball Association
- Licking County Sports Association
- Licking Heights Youth Association
- Licking Valley Youth Biddy Football League
- Licking Valley Youth Sports Association
- Miller Park Diamond Association
- Mound City Little League & Softball
- Newark Area Soccer Association
- Newark Ice Hockey Association
- North Fork Youth Athletic Association
- North Newark Little League
- Northridge Youth Athletic Association
- Pataskala Parks and Recreation Programs
- St. Louisville Youth Leagues
- Southwest Licking Youth Baseball League
- Southwest Licking Youth Association, LLC
- Summit Station Licking Heights Youth Football Association
- Upward Basketball
- Utica Youth Athletics
- Watkins Youth Softball

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

## 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.
- Household income must not exceed 250 percent of the federal poverty income guidelines.
- 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 provide the **total gross income** for the 3 months and 12 months immediately preceding the date for which assistance is required. This must include income for everyone living in the home. Write the total gross income in the space provided on the application on the next page. Self-employed applicants must provide gross income, less reasonable business expenses. Personal expenses are not permitted.

Proof of income is required. Examples of acceptable income verification include:

- Check stubs for the 3 and 12 months
- Documentation of Social Security, unemployment compensation, alimony, child support, or pensions

If the household earned \$0 income, please complete the voucher on page 4 of this application.

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

Please return the completed application to:

**Licking Memorial Hospital  
Development Department**  
1320 West Main Street  
Newark, Ohio 43055



**Voucher of Unemployment and/or Zero Income for Financial Assistance Application**  
(Please complete this voucher only if you have no income.)

I, \_\_\_\_\_ have not been employed and I have received no income from

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  
(mm / dd / yy) (mm / dd / yy)

I did not collect unemployment compensation during this period.

The following is an explanation of how I pay for my living expenses including rent, utilities, food, etc. (Do not list your bills.) *This information is required.*

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**Consent to Release Information**  
(Required)

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



**Licking Memorial  
Health Systems**

LMHealth.org

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03/15/2024