



Scholarship Application Form

Off the Sideline provides financial scholarships for youth participation in team sports. You must qualify for free or reduced school lunches and be in grades five through nine to apply. If the scholarship application is approved, we pay registration fees up to \$300 per child/per season as funds are available. Please allow up to 10 business days for processing.

Applicant: Please submit completed form to your Community Partner. We do not accept forms from individual applicants.

Community Partner: Please submit completed form to Off the Sideline, PO Box 14457, Portland, Oregon 97293

For faster service, please email this form to Info@OfftheSideline.org

Applicant Information:

Child's First Name _____ Last Name _____

Child's Grade in School _____ Child's Gender: Female Male Other _____

Child's Race/Ethnicity (please check all that apply):

American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Pacific Islander White Other _____

Parent/Guardian First Name _____ Last Name _____

Primary Address _____ City _____ Zip Code _____

Parent/Guardian Phone _____ Parent/Guardian Email _____

Primary Language Spoken in Home _____ Referring Agency _____

Care Oregon is my health insurance provider Care Oregon is not my health insurance provider
(Off the Sideline receives supplemental funding from Care Oregon.)

Off the Sideline may photograph or interview scholarship recipients to be used on their website or promotional materials. Initial here if you do NOT grant Off the Sideline to use photographs or quotes of your child.
(Parent/Guardian Initials) _____

Sport and Team Information:

Team Name _____ Sport _____

Season Start Date _____ Registration Fee \$ _____ Amount Requested \$ _____

Contact Name for Team (coach, manager or team organizer) _____

Contact Phone Number (_____) _____

Make Check Payable to (name of sports organization) _____

Send Check to (mailing address) _____

Terms and Conditions

I hereby agree to release, save and hold harmless Off the Sideline and their respective officials, administrators, employees, volunteers and agents from any and all liability and claims for any damage or injury brought by me, my family, estate, heirs, or assigns arising out of my enrollment or participation in this program. I further verify that my child qualifies to receive free or reduced lunch. My signature below signifies that I voluntarily agree to all the terms and conditions contained herein.

Parent/Guardian Signature _____ Date _____