



## **Youth Scholarship Program Application**

The FireWolves Foundation offers need based scholarships to deserving Capital Region youth. The purpose of the scholarship is to provide financial assistance to dedicated athletes who otherwise would be unable to participate in the FireWolves Training Academy without the help of outside funding.

Scholarships will be provided on a first-come, funding and space available basis. Transportation to programs is not provided.

To be completed by Parent or Guardian - please print neatly or type. Complete ALL of the following information. A separate form is required for each child. Completing a scholarship application does not register a child for a program. Please complete a registration form separately for the activities in which your child wants to participate.

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

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

Phone (other): \_\_\_\_\_

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

What type of assistance are you requesting? (circle which that apply)

Registration Fee    Equipment,    Both

Has applicant applied for a scholarship before? Yes or No (circle which apply)

Has applicant been awarded a scholarship before? Yes or No (circle which apply)

Please give a brief statement of reasons for applying/why you may need financial assistance:

---

---

---

---

---

---

---

---

---

---

By my signature below, I affirm that the information provided herein is complete, true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

---

---

- Please email application to: [packgivesback@albanyfirewolves.com](mailto:packgivesback@albanyfirewolves.com)
- or mail to:

Albany FireWolves Foundation  
 51 S. Pearl Street  
 Albany, NY 12207

- If you have any questions, please contact us at:
  - [PackGivesBack@AlbanyFireWolves.com](mailto:PackGivesBack@AlbanyFireWolves.com)
  - Or call us at: (518) 362-4900 x102

**Staff Use only**

Date application received: \_\_\_\_\_

Approved / Denied (circle which apply)

Reason \_\_\_\_\_

Amount/Type of Scholarship

---

---

Approved by

Date

---

---