

**La Plata Blue Knights**  
**Football and Cheerleading Organization**  
**PO Box 956, La Plata, Maryland 20646**  
**www.lpbk.com**

**Hardship Scholarship Application**

**OVERVIEW**

In accordance with the La Plata Blue Knights Operating Code, Section 1.4, paragraph 4, any parent or legal guardian may apply for a confidential scholarship to provide financial assistance with registration fees. All funds are disbursed on availability and applicant's ability to demonstrate reasonable hardship. Each season ten (10) scholarships will be made available to either football or cheerleading participants. The application will be reviewed by the Board of Directors. The information in this application will be kept confidential among all parties.

**ELIGIBILITY**

The applicant must meet one of the following requirements to apply:

1. Single parent/guardian with one or more children receiving public assistance, SSI, or Social Security. (Attach eligibility report from Social Services/Social Security with the name(s) of the child/children).
2. Two parent household with two or more children receiving public assistance, SSI, or Social Security. (Attach eligibility report from Social Services/Social Security with the name(s) of the children).
3. Any Charles County Public School Student that is a participant in CCPS Mentoring Program (attach letter from school).
4. Family suffering financial hardship (attach detailed explanation).

**PROCEDURES**

Hardship Scholarship Applications must be submitted by the 2nd Friday of July in order to be considered. Please mail to the address shown above or submit via email to [president@lpbk.com](mailto:president@lpbk.com). Submission of this form does not guarantee full or partial financial assistance. All applications are subject to Board approval. Expenses other than LPBK registration are not eligible for financial assistance. A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Hardship Scholarship Terms and Conditions must be initialed and the form must be signed and dated. **Incomplete or late applications will be denied.**

**As indicated above, one of the following must be included to be considered for financial assistance:**

- Eligibility report from Social Services/Social Security with the name(s) of children
- State for Federal assistance documentation
- Letter from school, social worker, youth community center worker, or other social services representative
- Letter of hardship

The LPBK BOD will consider all hardship scholarship applications completed with all necessary documentation and received by the deadline. The parent, guardian, or head of household will be notified in either case of financial assistance being awarded or not. Approval of a registration scholarship does not register the participant in the activity. Athlete must still register online or in person for the LPBK sport for which the scholarship was awarded. Equipment will be received after paperwork is completed and approved.

- Order of submission does not prioritize applicants; the BOD will approve applications based on greatest need.
- Participants who receive financial aid, will not receive registration raffle tickets.
- All approved full and partial scholarships require 4 hours (per child) of volunteer work during the season.



LPBK provides scholarships on a limited and as needed basis. We reserve the right to deny any application even if a previous scholarship was awarded. Applications for a full scholarship may be approved for a partial scholarship. All decisions are FINAL. A scholarship award can only be applied to one season. Additional seasons require the submission of another application. There are NO refunds or transfers of financial assistance.

Failure to provide acceptable documentation will result in a denied application. Falsifying information on this application will result in the immediate withdrawal of your child from our league. Failure to fulfill your volunteer hours will render you ineligible for future scholarships. Applicants are strongly encouraged to review all information on this form carefully before submitting to LPBK.

Signature:

I certify that all the above information is true, correct, and reported accurately. I understand that this information is being provided for consideration for a scholarship to participate in a sports activity and any LPBK officer may verify the information on the application. Deliberate misrepresentations of the information may result in the revocation of the scholarship.

X

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Signature of Adult Parent/Guardian

All information contained in this application is confidential and will not be copied, distributed, or publicly released. This application becomes property of LPBK.

**La Plata Blue Knights Hardship Scholarship Application**

**Terms and Conditions**

*“I”, “me” and “my” refer to the adult scholarship applicant.*

\_\_\_\_\_ 1. By signing this form, I certify that the information contained in this packet is true and correct to the best of my knowledge.

\_\_\_\_\_ 2. By signing this form, I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

\_\_\_\_\_ 3. I understand that members of the LPBK Board of Directors consider each scholarship application on a case-by-case basis.

\_\_\_\_\_ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.

\_\_\_\_\_ 5. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.

\_\_\_\_\_ 6. I understand that if any information provided on the scholarship application is deemed inaccurate, LPBK may immediately terminate my child’s privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to LPBK the full value of any scholarship awarded.

\_\_\_\_\_ 7. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 4 hours per scholarship recipient, with a maximum of 10 hours required per calendar year. Failure to satisfy this condition will disqualify me, my child(ren), and my immediate family from being considered for another scholarship.

\_\_\_\_\_ 8. I understand it is my responsibility to ensure my child(ren) attend 90% of all schedule practice and games, as well as cheerleading competitions if my child is a cheerleader.

\_\_\_\_\_ 9. This application is considered private and will not be shared with anyone other than the Board of Directors.

\_\_\_\_\_ 10. I understand that if my child(ren) receive a full or partial scholarship, I will not receive any raffle tickets included in registration.

\_\_\_\_\_  
Printed Name of Adult Applicant

\_\_\_\_\_  
Signature of Adult Applicant

\_\_\_\_\_  
Name of Scholarship Athlete

\_\_\_\_\_  
Date