



TOWN OF LYONS
DEPARTMENT OF PARKS, RECREATION & CULTURAL EVENTS
SPORT SCHOLARSHIP REQUEST FORM



Date of Request: _____ **Sport/Program:** _____

League (i.e. Longmont Baseball League, YMCA, LYBSA, KAP): _____

Name of Applicant: _____ **Date of Birth:** _____

Parent or Guardian Name: _____ **Phone #:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Age of Applicant: _____

Cost of Participation: _____

Scholarship Request Amount: _____

Reason for Request: _____

League Address if other than the Town of Lyons (where the requested amount would need to be sent if approved):

City: _____ **State:** _____ **Zip Code:** _____

League Contact Name and Phone #: _____

Signature of Parent or Guardian: _____ **Date:** _____



*REQUESTS ARE SENT DIRECTLY TO THE LEAGUE BEING PARTICIPATED IN

*ALL REQUESTS ARE KEPT CONFIDENTIAL

*REQUESTS WILL BE GRANTED FOR LYONS RESIDENTS ONLY

*PLEASE GIVE REQUESTS AMPLE TIME TO BE PROCESSED

