

## **Grant Procedures Effective 8-9-2023**

The purpose of the Tucker Lee "Everyone Plays" Fund is to provide support for athletes, youth (seniors and under), in need of gear and/or fees for all sports who play on teams in the Lyon county area. Students in the USD 284 Chase County and USD 243 Lebo-Waverly school districts are eligible as well.

- Step 1: Complete application and submit to the Emporia Community Foundation.
- Step 2: The application is reviewed by a committee.
- Step 3: Award or denial letter sent.
- Step 4: If awarded and the recipient will be purchasing the item(s), turn in receipts to the ECF for reimbursement. If the ECF is to pay the vendor, arrangements will be made and payment sent. Reimbursement checks will be issued within five business days of receiving receipts.

Applications should be delivered or mailed to: Emporia Community Foundation 527 Commercial St., Suite B Emporia, KS 66801

Questions? Contact Loni Heinen at 620-342-9304 or loni.heinen@emporiacf.org



## **Athletic Scholarship Application**

(Revised 8/9/2023)

All information on form must be completed. Individual applic	ation requir	ed for each c	hild.	
Player's Name:	A	\ge:	_Birthdate:	
Street Address:	Cit	y, State, Zip:_		
School:	S	port:		
Amount of Scholarship Requested: \$25 \$50 (Up to amount requested based on receipts or cost of items)	\$75	\$100	\$150	
Date Items Needed:				
PARENT/GUARDIAN INFORMATION				
On Free/Reduced Lunch Plan through (circle one): USD 253 (This is not a requirement for receipt of this scholarship.)	USD 251	USD 252	USD 243	USD 284
Number of dependent children in your household during the	last tax year	r:		
Parent's Name:		Cell Phone:_		
Email Address:		_		
Please describe the reason(s) for the need of financial assista	nce and list	the items to	be purchased	:
Has this player ever received funds from the Tucker Lee Ever	yone Plays F	und? 🗌 Yes	☐ No	
CONSENT TO RELEASE INFORMAITON				
I understand that my signature authorizes the Emporia Comminformation on this application and that additional information application. I certify that all of the information on this form is	on may be n	ecessary for a	approval of th	iis
Parent/Guardian Signature:			Date:	
Coach or Athletic Director Signature:			Date:	

