

# Lisa Johnson Memorial Scholarship

## Application

All information included in this application will be considered confidential and treated as such.

ALL FORMS SHOULD BE SUBMITTED TO AAYCA BY THE FOLLOWING DATES:

- \_\_\_\_\_ - to be considered for FALL scholarship
- \_\_\_\_\_ - to be considered for WINTER scholarship

For more information, please contact AAYCA at \_\_\_\_\_

Applications may be mailed to: AAYCA co/Anne Arundel County Recreation and Parks  
Attn: Scholarship/Donna Liberto  
1 Harry S Truman Parkway  
Annapolis, Maryland 21401

Please complete the following application, one application per child:

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_  
street city state zip

Organization Child has or is planning to register with: \_\_\_\_\_

Contact Person at Organization:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Grade Child will be in for the upcoming school year: \_\_\_\_\_

Does your child qualify for free or reduced school lunch? YES\_\_\_\_ NO\_\_\_\_

Has your child, or other family member, received an AAYCA scholarship? YES\_\_\_\_ NO\_\_\_\_

If yes, who rec'd the scholarship & when? \_\_\_\_\_

Has your child ever received a need based scholarship before? YES\_\_\_\_ NO\_\_\_\_

If yes, indicate organization and when? \_\_\_\_\_

If not parent, name of person completing application: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that additional information may be required to adequately consider this application. I certify that all of the information I have supplied is true and correct. I permit AAYCA to verify the information on this application. By signing this form, I am allowing AAYCA or AA County Recreation and Parks to contact the child's parent/guardian or appropriate individuals within the child's Organization (as identified above). I understand that the child's participation in this scholarship program, if accepted, requires a commitment by them to attend schedule practices, games and events (barring any unforeseen circumstances). Furthermore, I understand that any misrepresentation of information provided by myself on behalf of any cheerleader will lead to revocation of scholarship.

Signature & Date of person completing application: \_\_\_\_\_

**In the space below, please provide a brief description of reason why this child should be awarded the Lisa Johnson Scholarship. If additional space is needed, please use back of this paper or a separate paper.**