

CYFA Bobby Holloway Scholarship Application

Football and Spirit

A \$1,000.00 scholarship, awarded to two graduating seniors (1 football and 1 spirit) who:

- Have completed one full season as a CYFA competitive football player or spirit participant
- Are continuing their education at an accredited institution of higher learning
- Have been involved in service to the community or school

Applicant Name (First, MI, Last): _____

Full Address: _____

Home Phone: _____ Graduating from: _____ **High School** Class of 20____

Parent or Guardian Name(s): _____

Institution of Higher Learning to be Attended: _____

Location: _____ Accepted: _____ Pending Acceptance: _____

Comments: _____

While at CYFA	# of Seasons	Level	Comments
Football Player			
Cheerleader/Dancer			
Jr. Coach/Other volunteer			

Other Organized Activities (school, team, etc.)*

Organization	Dates	Description

Community Service Activities (Scouts, church, etc.)*

Organization	Dates	Description

Scholastic Activities (other school teams, clubs, etc.)*

Organization	Dates	Description

*College application activity sheet is acceptable

Have you ever been a Pop Warner Little Scholars recipient? Yes/No (circle one)

If so, please list the years _____

Please write a short paragraph describing “The role Cape Youth Football Association has played in my life.”

Please attach a short biographical sketch. We are interested in knowing your plans for the future and any incident that demonstrates your ambitions, ingenuity, leadership abilities, and character. Mention any prizes or distinction you have been awarded in high school and/or within the community (college essay acceptable).

Also, attach a copy of your most current report card and two (2) letters of recommendation.

We certify that the above information is correct:
Applicant’s signature: _____ Date: _____

Parent or guardian signature: _____ Date: _____

Guidance counselor’s signature: _____ Date: _____

APPLICATION MUST BE RECEIVED NO LATER THAN 06/30/2020

**Please return to: Cape Youth Football Association
Attn: Director of Scholarships Program
P O Box 151414
Cape Coral, FL 33915-1414**

For Internal Use

Post Mark date: _____	Application ID: _____
Roster Verification: _____	Note: _____