

# Synergy Youth Sports Needs-Based Scholarship Application

## OVERVIEW

The Synergy Youth Sports Scholarship Fund provides two classes of needs-based scholarships to youth who without financial assistance would be unable to attend recreational classes or participate in the competitive team at Synergy Gymnastics Training Center. Class 1 needs-based scholarships are directed towards preschool and recreational classes up through the pre-team level. The maximum amount awarded for a Class 1 scholarship is \$250.00. Class 2 needs-based scholarships are directed towards levels 2 through 10 of the Synergy Gymnastics competitive team. The maximum amount awarded for a Class 2 scholarship is \$1,500.00. Both types of scholarships require full completion of the application process to be considered.

Synergy Youth Sports is a 501(c)(3) non-profit organization with limited funding available for scholarships. Scholarships will be awarded on a rolling basis as the necessary funding is acquired. Synergy Youth Sports does not give priority to either class of needs-based scholarships, and funds raised by any given fundraiser, event, or donation will be allocated evenly towards the reserves of each.

No guarantee of assistance is implied by this application. If the number of scholarship applications submitted and approved exceeds the amount available with the funds at hand, scholarships will be awarded by a lottery system. **Synergy Youth Sports does not discriminate on the basis of race, color, national origin, sex, or disability in its program or activities.**

## ELIGIBILITY: CLASS 1 NEEDS-BASED

Requirements for eligibility:

- Athletes must be of eligible age and of the appropriate skill level to participate in classes at Synergy Gymnastics Training Center.
- Parents/Guardians must commit that the athlete will maintain satisfactory attendance. Recreational class attendees must be present at a minimum of 90% of all scheduled classes.

## ELIGIBILITY: CLASS 2 NEEDS-BASED

Requirements for eligibility:

- Athletes must be registered members of the competitive team.
- Parents/Guardians must commit that the athlete will maintain satisfactory attendance. Competitive team members must be present at a minimum of 95% of all scheduled practices and competitions.
- Parents/Guardians must agree to volunteer 4 hours per scholarship recipient in the year following the scholarship's administration. Hours must be completed and verified during events and activities sponsored by Synergy Gymnastics including fundraisers, team events, and home competitions.

## APPLICATION PROCESS:

1. Complete the Needs-Based Scholarship application form in its entirety. A parent, guardian, or head of household must initial all items in the Scholarship Terms and Conditions and sign and date the form.
2. Provide copies of the following where applicable: 2 current consecutive pay stubs, W-2 Form, &/or DSS Form, SSI Form, Social Security, Unemployment Statements, Child Support Order, and all 1099 forms.
3. Provide any additional documentation of hardship. This may include:
  - a. Documentation of assistance from programs such as Food Stamps, Medicaid, Foster Care, WIC, etc.
  - b. A recommendation by a school representative, social worker, youth community center worker, or other social service representative.
  - c. A written statement of immediate financial hardship explaining the current situation. (Synergy Youth Sports recognizes that a family may not be receiving formal assistance or be able to fully demonstrate their financial situation with the documentation requested above, yet financial assistance may still be needed to participate in classes or team practices at Synergy Gymnastics Training Center. In these instances, the Synergy Youth Sports scholarship board will consider the financial hardship statement to determine scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.)
4. Attach Proof of Residency: copy of current driver's license, state-issued identification card, tax bill, or voter's registration card.
5. Submit the completed scholarship application form with all attached documentation either in-person to Lisa Kuesel-Traynor or by mail to Synergy Youth Sports at 414 Dutton Mill Rd, Malvern, PA 19355. For any questions regarding scholarship submission, please email Synergy Youth Sports at [sys@synergymnasticspa.com](mailto:sys@synergymnasticspa.com).

## SCHOLARSHIP AWARDING PROCESS:

Scholarships will be awarded on a rolling basis as the necessary funding is acquired. Synergy Youth Sports does not give priority to either class of needs-based scholarships, and funds raised from any given fundraiser, event, or donation will be allocated evenly towards the reserves of each.

After the scholarship board recognizes that a scholarship has become available, eligible applicants will be notified, and the date exactly two weeks later will be the designated lottery drawing. Only applicants who have submitted valid applications two weeks before the scholarship is awarded will be considered. A valid application implies that a parent, guardian, or head of household has completed the application with all of the requested information provided and that all items on the Scholarship Terms and Conditions are initialed and the form is signed and dated.

**Incomplete applications will be denied, and late applications will not be considered for the available scholarship.**

Scholarship awardees will be notified by the Synergy Youth Sports Scholarship Board and given further directions once they formally declare their acceptance. Approval of a scholarship does not automatically register an athlete for recreational classes or the competitive team, and further communication is expected to complete an adapted registration process.

Scholarship applicants who are not awarded a given scholarship due to the lottery process will remain eligible for all future scholarships that become available in the year following the date of their

application. If an applicant has remained in the lottery pool for a year, they will be notified by the Scholarship Board that they must renew their application with updated information and documentation.

## CONFIDENTIALITY:

Synergy Youth Sports will use the information provided by scholarship applicants only to decide if an athlete is eligible to receive a scholarship for recreational classes or the competitive team at Synergy Gymnastics Training Center. Confidentiality will be maintained at all times. Applicants are guaranteed that personal finances will not be discussed outside of the Synergy Youth Sports Scholarship Committee. Coaches will not be informed of a participant's financial or scholarship status.

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# Scholarship 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 scholarship application is true and complete 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 the members of the Synergy Youth Sports Scholarship Board consider each scholarship application on a case-by-case basis.

\_\_\_\_\_ 4. I understand that there is no guarantee of assistance implied by this application and that my application will be entered into a lottery system if the number of applications submitted exceeds the number of scholarships available.

\_\_\_\_\_ 5. I understand that I am responsible for any equipment and uniforms required for my child's participation.

\_\_\_\_\_ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.

\_\_\_\_\_ 7. I understand that if any information provided during the scholarship application process is deemed inaccurate, Synergy Youth Sports may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally falsified, I will repay to Synergy Youth Sports the full value of any scholarship awarded.

\_\_\_\_\_ 8. This application is considered private and will not be shared with anyone other than the Synergy Youth Sports Scholarship Board.

\_\_\_\_\_ 9. **Class 1 (recreational) scholarship applicants ONLY:** I understand that I am required to maintain the eligibility requirements for Class 1 scholarships described in my application. My child must be of the appropriate age and skill level to participate in recreational classes and must attend a minimum of 90% of all scheduled classes. Failure to satisfy these conditions of eligibility will disqualify me and my child(ren) from being considered for another scholarship for 12 months.

\_\_\_\_\_ 10. **Class 2 (competitive team) scholarship applicants ONLY:** I understand that I am required to maintain the eligibility requirements for Class 2 scholarships described in my application. My child must be a registered member of the competitive team and must attend a minimum of 95% of all scheduled practices and competitions. I agree to volunteer a minimum of 4 hours in the year during a scholarship's administration. Failure to satisfy conditions of eligibility will disqualify me and my child(ren) from being considered for another scholarship for 12 months.

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

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

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

\_\_\_\_\_  
Date

## Scholarship Applicant Information

Please fill out all of the following information to be considered for a needs-based scholarship:

### ATHLETE INFORMATION

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

Address: \_\_\_\_\_  
Street City State Zip

School Athlete Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Athlete lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Other

### PARENT/GUARDIAN INFORMATION:

Parent Guardian #1 Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Parent Guardian #2 Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Total Household Annual Income: \$ \_\_\_\_\_

Number of dependent children in your household during the last tax year: \_\_\_\_\_

Total number of people in your household: \_\_\_\_\_

Do you currently receive state or federal financial assistance? ( ) Yes ( ) No

If you responded yes to the previous question, what type? \_\_\_\_\_

If you receive state or federal financial assistance, is this your sole source of income? ( ) Yes ( ) No

Does your child qualify for free or reduced school lunch? ( ) Yes ( ) No

**SCHOLARSHIP INFORMATION:**

Type of scholarship requested: ( ) Class 1: Recreational Class ( ) Class 2: Competitive Team

Amount of scholarship requested: ( ) Recreational Class: \$250.00 ( ) Competitive Team:  
\$1,500.00

( ) Other: \_\_\_\_\_

**PREVIOUS PARTICIPATION:**

What other sport(s) has the athlete played? \_\_\_\_\_

Name of Team/Organization: \_\_\_\_\_

What was the cost of that sport(s) played? \_\_\_\_\_

Has this athlete ever received scholarships before? ( ) Yes ( ) No

If yes, which sport(s)? \_\_\_\_\_ Year(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Please indicate supporting documentation being provided in addition to the required proof of income:

( ) Documentation of state or federal financial assistance

( ) Recommendation letter from school, social worker, youth community center worker, or other social service representative

( ) Written statement of immediate financial hardship

( ) Other: \_\_\_\_\_

Synergy Youth Sports (Attn: Jada Traynor)  
414 Dutton Mill Rd, Malvern, PA 19355  
sys@synergygymnasticspa.com