



## Scholarship Request Instructions and FAQ's

### **What is the JWMAF?**

Inspired by Comstock native Josh Whitfield, who passed away unexpectedly in May 2015, the goal of the JWMAF is to reduce, and eventually eliminate, the financial barrier to participation in Comstock athletics. Proceeds raised will be used to assist Comstock athletes in need by providing activity fees and other supportive services. Learn more at [jwmaf.org](http://jwmaf.org).

### **Who is eligible for a JWMAF scholarship?**

Youth athletes (up to 18 years of age) residing in and/or participating in sports in the Comstock community are potentially eligible. This includes both school-sponsored athletics and other private organizations (ex. Eastwood Little League, Rocket Football, AYSO Soccer). Individuals receiving a scholarship must also qualify for Free or Reduced Priced Meals. More info on qualifications here [http://www.comstockps.org/departments/food\\_service](http://www.comstockps.org/departments/food_service)

### **What expenses are eligible for a scholarship?**

All expenses related to participation in athletics will be considered. Examples include, but are not limited to related expenses: activity/registration fees, equipment purchases (including required clothing/uniforms), physical examination fees, and transportation assistance.

### **How do I request a scholarship for my child(ren)?**

Complete the attached Scholarship Form for Individuals/Families in full and submit it to the Comstock Community Center by the 4<sup>th</sup> Monday of the month. New funding requests are accepted each month.

Note: JWMAF reserves the right to verify family information, school enrollment, income information, and athletic participation. If JWMAF is made aware that of improper use of funds, those involved will be disqualified from future scholarship eligibility.

### **How much can I request?**

JWMAF has a \$100 limit per child for each calendar year.

### **How will I be notified if my scholarship request is approved?**

You will be notified via email of the scholarship determination by the 2<sup>nd</sup> Tuesday of the month following your request. Scholarship payment will be mailed to the address provided by the end of the month in which it was approved. Please be aware that it may take up to 8 weeks from the submission of your scholarship request for approval to take place and payment to be issued.

### **Who can I contact with questions?**

You can contact a member of the JWMAF team by emailing [jwathleticfund@gmail.com](mailto:jwathleticfund@gmail.com).

[www.jwmaf.org](http://www.jwmaf.org)  
[jwathleticfund@gmail.com](mailto:jwathleticfund@gmail.com)

Comstock Community Center serves as the Fiduciary of the Josh Whitfield Memorial Athletic Fund



**Scholarship Form- Individuals/Families**

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

**Youth Athlete Information**

Complete for each child for whom funding is being requested. **Maximum request of \$100 per child each calendar year.**

Child #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Sport: \_\_\_\_\_ School/Athletic Organization: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Sport: \_\_\_\_\_ School/Athletic Organization: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Sport: \_\_\_\_\_ School/Athletic Organization: \_\_\_\_\_

Child #4 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Sport: \_\_\_\_\_ School/Athletic Organization: \_\_\_\_\_

Does household meet qualification standards for Free or Reduced Priced Meals? More info on qualifications here [http://www.comstockps.org/departments/food\\_service](http://www.comstockps.org/departments/food_service) (circle): Yes No

**Scholarship Detail**

How will the requested funds be used? (ex: \$100 activity fee) (attach supporting documents if necessary) \_\_\_\_\_

**Acknowledgements and Attestations**

- By signing below, I attest that the above information is accurate.
- By signing below, I attest that my child will participate in the youth athletics specified above.
- By signing below, I agree to return any unused funding to the JWMAF.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form to:**  
**Comstock Community Center c/o JWMAF · 6330 Kings Highway PO Box 34 · Comstock, MI 49041**  
Or via email to [jwathleticfund@gmail.com](mailto:jwathleticfund@gmail.com)