



Copy of last grade card and Proof of Reduced School Lunch Program MUST be provided. Registration form must also be submitted.

Ozarks Football League Application for Scholarship

Name of Player _____

Parent or Guardian _____

Address _____

High School to attend _____ Grade level now _____

Home Phone _____ Cell Phone _____

Email Address _____

Please indicate Grade point average of player _____

OFL scholarships are offered to families in need

If a scholarship is approved, scholarship recipients pay a reduced fee of \$100

By applying for an OFL scholarship, you are also volunteering your services to actively participate in a team fund-raiser

If you are unable to pay \$100, please see your head coach

Please describe why you are in need of a scholarship

Are you now enrolled in any type of public assistance? If you are, please indicate what programs.

After completing this application, return to an OFL official. You will be contacted whether or not your player will be granted a scholarship.

If you have questions, please call Randy Little at 655-5592. If mailing this form, please mail to: Ozarks Football League, 1352 E. Elm Street, Springfield, MO, 65802