



Leon A. McCarty Sports Foundation
Youth Sports Grant Program Application

Please fill out completely and mail to: **McCarty Sports Foundation**
P.O. Box 161504
Sacramento, CA 95816

Youth Name: _____ Birth Date: _____

Male/Female: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Family Address: _____

City: _____

Zip: _____

*Child/Youth must live within the boundaries of City Council District 6. If you are not sure if you live in District 6, [Click Here](#).

School youth attends: _____ GPA: _____

Does youth receive free school lunch: _____

What sport is youth interested in playing: _____

Requested dollar amount (maximum is \$100 per year): \$ _____

League/school/organization youth will be playing for: _____

League/school/organization address: _____

City: _____

Zip: _____

Name of League/school/organization contact: _____

Phone Number: _____

Email: _____

Below or on a separate sheet of paper, explain why the above youth should receive a McCarty Sports Foundation Grant:

To be eligible, a youth must be a resident of District 6, to find out if you live in District 6, visit: <http://www.cityofsacramento.org/council/index.html>. Checks will be made out to school or community sports organizations. Priority given to socio-economically disadvantaged youth participating in the free school lunch program. For more information call 916-760-0416, or email McCartySportsFoundation@yahoo.com.