

# Chesterfield Cheerleader League Angel Fund Application

Date \_\_\_\_\_  
Association \_\_\_\_\_  
Cheerleader's Name \_\_\_\_\_  
Squad (Flag, Minor, Junior, Senior) \_\_\_\_\_

Request is made for assistance from the "Angel Fund" of CCL for the above named cheerleader. It is understood that all Association registration and/or participation fees for this cheerleader will be waived. Receipts for purchases covered by this assistance will be turned in to CCL by the Association Cheering Director.

I have read and understand the CCL guidelines regarding the Angel Fund request and this request meets those guidelines.

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

\_\_\_\_\_  
Date Association Officer Signature & Title

\_\_\_\_\_  
Date Association President

Approved by CCL Board.

\_\_\_\_\_  
Date CCL Officer / Board Member

Early deadline for the first five Angel Fund scholarships is July 1 of current year.  
Deadline for this form is September 1 of current year.