



Enrollment Form

Open Enrollment Dates will be found on the Scholarships 4 Us® website at www.Scholarships4Us.com/Enrollment.

Scholarships 4 Us® is the Legislative-Compliance enterprise for potential collegiate athletes and students. We provide Student-Participants a national standardized platform to earn unlimited scholarship funds through our Accredited Events and Exclusive Rights of Use for youth organizations to manage the events. When a student enrolls, they become a participant in The Scholarships 4 Us® Program and establish what is known as their ESA or Earning and Savings Account- that is assigned to an Enrollment ID. In every event, Students-Participants will accrue savings and have the opportunity to accumulate prize funds if they place Top Five in the Accredited Event.

Scholarships 4 Us® is not a scholarship provider; we manage prize funds as a third-party enterprise under Scholarships 4 Us®: The Rule of Amateurism™ with the intended purpose for the funds to be disbursed as a scholarship award. Usage of The Scholarships 4 Us® Program protects potential collegiate athletes' eligibility standards set forth by the NCAA®, NAIA®, NJCAA®, NACE® and postsecondary educational institutions. Scholarships 4 Us® has no affiliation with the NCAA®, NAIA®, NJCAA®, NACE® or postsecondary educational institutions. Scholarships 4 Us® maintains and provides records regarding Student-Participants enrollment, participation, and prize earnings upon request to ensure our commitment to being the Legislative-Compliance enterprise.

If a student is under 18 years of age, then that person must have a Parent, Legal Guardian, or Authorized Representative provide consent to sign the 'Student-Participant Rights and Responsibilities.'

Complete the form and submit it to Enrollment@Scholarships4Us.com in .PDF form. Use the Subject Line- **Enrollment: (Last Name, First Name; (DOB))**. You must also include verification of your **current enrollment** that should be a copy of your Student ID or Class Schedule. Once eligibility is determined then an email will be sent with your **Enrollment ID** and a link to submit your **Enrollment Requirements** at www.Scholarships4Us.com/Membership. Once approved, you will have established your ESA (Earning and Savings Account) in the S4Us.portal™ and will have permission to view and purchase tickets to our Upcoming Events at www.Scholarships4Us.com/UpcomingEvents.

Intentionally providing false information on 'this' Enrollment Form will result in a denial of enrollment or expulsion from The Scholarships 4 Us® Program.



Enrollment Form

Student Information *required*

First Name*			
Middle Name*			
Last Name*			
Mailing Address*			
Birthday*		Current Age*	
Year of High School Graduation*			
Current School Name*			
Current School (City, State, Zip)*			








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Student Information (continue)

What postsecondary educational institution do you plan on attending?

*Do you understand that if you intend to be a collegiate athlete and request your accumulated prize funds as prize money you must report that on your Amateurism questionnaires to the perspective association? *(write 'I understand and print your name')*

If you answer yes to any of the Scholarships 4 Us®: The Rule of Amateurism™ principles then you are NOT eligible to enroll in The Scholarships 4 Us® Program. A Student-Participant must notify an Accredited Hosts if they decide to forfeit their Amateurism after enrollment. *(answer yes or no)*




-  A student must not have entered into a verbal or expressed agreement with an agent(s) that may financially profit from their participation, performance, or place finish in a competition or tournament in The Arts, Sports, or Esports
-  A student must not have participated in a professional tryout or signed with a professional team
-  A student must not have accepted any remuneration for participating in a competition or tournament
-  A student must not have accepted prize money based on place finish in a competition or tournament
-  A student must not have agreed to, signed, or received benefits from an NIL (Name, Image, and Likeness) deal or contract







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Student Rights and Responsibilities

Student-Participant **RIGHTS**

-  To participate in Scholarships 4 Us® Accredited Events
-  To accrue savings in each event and be entitled to the funds
-  To have the opportunity to accumulative Prize Funds in each Accredited Event and be entitled to the funds as either a Scholarship Award (non-taxable income) or Prize Money (taxable Income)

Student-Participant **RESPONSIBILITIES**

-  Ask all questions regarding The Scholarships 4 Us® Program to an Accredited Hosts
-  Follow the Chain-of-Contact (www.scholarships4us.com/contact) for all inquiries
-  Ensure all account information in the portal is maintained and up to date
-  Submit your Earning and Savings Account Disbursement Request by **11:59PM, June 30th** the year of your high school graduation.

Parent, Legal Guardian, or Authorized Representative Information ***required***

First Name*	
Middle Name*	
Last Name*	



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Parent, Legal Guardian, or Authorized Representative Information (continued)

Relationship*	
Email*	
Phone*	
Mailing Address*	

- Parent/Legal Guardian or Authorize Representative Rights & Responsibilities
- ✚ Review and understand The Scholarships 4 Us® Program with the potential enrollee
 - ✚ Enroll a student in order to become a participant in The Scholarships 4 Us® Program by providing signed consent
 - ✚ Follow the Chain-of-Contact (www.scholarships4us.com/contact) for all inquiries
 - ✚ Provide the opportunity and means for the student to participate in our Accredited Events
 - ✚ Ensure the former Student-Participant submits their ESA Request



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By signing 'this' form **I/we** agree that **I/we** have read **The Scholarships 4 Us® Program** and understand the **Rights and Responsibilities**. All information obtained in 'this' **Enrollment Form** is for communication purposes only.

A student must attach verification of current enrollment which may be their Student ID or Class Schedule.

Student *required*

Print Name*

Signature*

Date*



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Parent, Legal Guardian, or Authorized Representative ***required***

Print Name*

Signature*

Date*