



CITY OF CHELSEA, MA  
Recreation & Cultural Affairs

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City Hall, 500 Broadway, Room 100 · Chelsea, MA 02150  
Phone: 617.466.4073 · Fax: 617.466.4099 · Email: [recreation@chelseama.gov](mailto:recreation@chelseama.gov)

2022-2023

Dear Sports League Administrators:

The *Chelsea Youth Sports League Scholarship* is currently available to support Chelsea youth, ages 3-17, membership in local sports leagues.

Sport league administrators are welcome to apply for funds during the **Summer, Fall, Winter, or Spring seasons until June 30, 2023**. Funds will be allocated to local sports leagues to provide financial assistance to youth in need, so more Chelsea youth can become league members. Leagues are asked to complete a short application and to follow some basic requirements to request funds.

Applications are available at the main desk, Chelsea Recreation & Cultural Affairs located in the Williams Building, 180 Walnut Street, and Clark Avenue School, 8 Clark Avenue or email [recreation@chelseama.gov](mailto:recreation@chelseama.gov) to request a copy.

Sincerely,

Chelsea Recreation & Cultural Affairs



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### Chelsea Youth Sports Leagues Scholarship Fund

The *Chelsea Youth Sports Leagues Scholarship Fund* provides Chelsea youth, ages 3-17 the opportunity to participate in organized athletic leagues for their personal benefit and enjoyment. Local sport organizations have the opportunity to apply for funds to support youth membership to their leagues.

Structured sports help youth gain self-confidence and self-esteem, develop social skills, learn sportsmanship and teamwork, achieve goals, and learn from positive role models. All youth, regardless of their family's financial situation should be given the opportunity to learn and grow through sports.

Funds will be allocated to local sports leagues to provide financial assistance to youth in need, so more Chelsea youth can become league members. **Leagues are asked to complete a short application and to follow some basic requirements to request funds.** Applications are available at the main desk, Chelsea Community Schools, 180 Walnut St. or email recreation@chelseama.gov to request a copy.

#### ORGANIZATION APPLICATION REQUIREMENTS

##### 1. Youth League Organization Information ☐

Complete the attached application and submit to Chelsea Recreation & Cultural Affairs, Chelsea Community Schools, Williams Building, 180 Walnut Street, Rm 107, Chelsea, MA 02150

##### 2. Team Rosters ☐

Submit Team Rosters, players addresses/photos/school ID's to verify residency

##### 3. CORI (Criminal Offender Record Information) SORI (Sex Offender Registry Information) ☐

☐ Submit a signed statement for a person in the leadership of the organization attesting that CORI of each and all of their volunteers and staff has been done.

##### 4. Certificate of Insurance ☐

Youth League Organizations applying are required to secure and maintain through the period of using public school facilities, general liability insurance from a company authorized to do business in the State of Massachusetts with policy limits of not less than \$1,000,000 per occurrence. The City of Chelsea, its elected and appointed officials, officers, agents and employees shall be named as additional insured by endorsement.

##### 5. Financial Report ☐

Youth League Organization *may* be required to provide a financial report as a condition of receiving scholarship funding for players.

##### 6. Submission of Player Membership Invoice and Attendance ☐

Submit all membership invoices and player attendance to: Chelsea Recreation & Cultural Affairs, Chelsea Community Schools, Williams Building, 180 Walnut Street, Rm 107, Chelsea, MA 02150

**Please allow 10 business days for the processing, approval and notification once all documentation has been received by the Chelsea Recreation & Cultural Affairs.**



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**Chelsea Youth Sports Leagues Scholarship Fund**

**I. YOUTH LEAGUE ORGANIZATION INFORMATION (Print clearly)**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

**II. MISSION & ACTIVITIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. INCORPORATION STATUS AND YEARS THE LEAGUE HAS BEEN IN EXISTENCE**

\_\_\_\_\_

**IV. LEAGUE DIRECTOR/ BOARD PRESIDENT**

\_\_\_\_\_ Phone#: \_\_\_\_\_

**V. MEMBERSHIP FEES**

\_\_\_\_\_

**VI. TOTAL OF CHELSEA YOUTH REGISTRANTS TO BE SPONSORED**

\_\_\_\_\_ Total Funds Requested: \_\_\_\_\_

By my signature, I am requesting assistance for those players that need financial assistance from the Chelsea Recreation & Cultural Affairs during the current year league season and I certify that all information provided is correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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## **CORI/SORI Local Program Certificate of Compliance**

**PLEASE COMPLETE THIS FORM AND RETURN TO CHELSEA HHS OFFICE**

Name and address of organization and/or program filling this form:

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We have requested CORI and SORI checks on staff and volunteers working in our youth programs and summer camp. As we receive these reports from the Criminal System History Board we keep this confidential in a secure place.

Mr. /Ms. \_\_\_\_\_ is in charge of this process for our organization and \_\_\_\_\_ is in knowledge of MGI. Ch 6 – Sec 172. 172B. and related amendments.

Sincerely: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this form and mail or return to:**

HHS, 500 Broadway, Room 100, Chelsea MA, 02150

**Or fax to:** fax number (617) 466 4099

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**For Board of Health/HHS use only:**

Completed form received at Chelsea Department of Health and Human Services on: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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**League Name:**

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

# INVOICE

**INVOICE #** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TO:** CITY OF CHELSEA  
Recreation & Cultural Affairs  
500 Broadway Room 100, Chelsea, MA 02150  
Phone: 617 466 4070

PLAYER NAME	HOME ADDRESS	SCHOOL	MONTHS COVERED	FEE	TOTAL
EXAMPLE: John Doe	100 Broadway Chelsea, MA 02150	Clark Ave Middle School	1/1/2020-3/31/2020	\$50/month	\$150

**TOTAL DUE**

Make all checks payable to:



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