



CCGSA ESTES SCHOLARSHIP FORM

PARENT NAME: _____ DATE: _____
PLAYER NAME: _____ DOB: _____
ADDRESS _____ CITY: _____ ZIP: _____
PHONE 1: _____ EMAIL: _____
ASSOCIATION _____ TEAM _____

Yearly Family Income: Under 20K _____ 20-30K _____ 30-40K _____ 40-50K _____ Over 50K _____

On the free lunch program? Y ___ N ___ On the reduced lunch program? Y ___ N ___
(Please provide documentation if yes to either).

1. Please provide a brief explanation for the scholarship need in the space below. (Attach an additional sheet if necessary.)

2. How much is being requested? (Maximum amount \$100.00) \$ _____

3. What are the funds being requested for? _____

I, _____ in good faith, am applying for scholarship assistance towards registration or equipment fees, in order for my child to be able to play ASA softball for a CCGSA team. It is understood that the scholarship assistance is based on and limited by funds budgeted. It is also my understanding that this scholarship does not cover items such as individual team fees such as tournaments, trophies, Jamboree or coaches gifts.

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ASSOCIATION – Below please provide your recommendation in support of this scholarship request, including level of volunteerism of the family in support of the association’s goals.

Full amount of registration/other \$ _____ Amount Covered by local Association \$ _____

