

WOODLAND GIRLS FASTPITCH SOFTBALL



SCHOLARSHIP APPLICATION

DATE _____ SEASON _____

PLAYER _____ BIRTHDATE _____

PARENT/GUARDIAN _____ E-MAIL _____

ADDRESS _____ HOME PHONE _____

CITY _____ ZIP _____ CELL PHONE _____

REQUEST FOR: Full Scholarship \$ _____ Partial Scholarship \$ _____
(Please enter amounts for all that apply to your request)

DETAILS & JUSTIFICATION: _____

I request the Board of Directors of the Woodland Girls Fastpitch Softball Association consider the scholarship detailed herein and notify me of your decision. I fully understand that scholarships are limited in number and are approved on a first come/first served basis. I also acknowledge that my time is valuable to our association and will volunteer **A MINIMUM 12 HOURS PER PLAYER (SCHOLARSHIP)** to further the goals of the Woodland Girls Fastpitch Softball Association. Your hours will be tracked, and you will be held accountable. **If hours are not met by season's end, you will not be granted a scholarship in the future.**

I choose to volunteer as: **TEAM PARENT** **FIELD PREP** **MANAGER**
 COACH **SPRING DINNER** **SCOREKEEPER** **OPENING DAY** **CLOSING DAY**

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ RELATIONSHIP: _____

<p>BOARD USE ONLY</p> <p>Meeting Date: _____ Vote: <i>IN FAVOR</i> _____ <i>AGAINST</i> _____</p> <p>Determination: _____ Scholarship in the amount of: _____</p> <p>REGISTRAR SIGNATURE: _____</p>
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