



Wilshire Girls Softball Association (“WGS”) Scholarship Information

WGSA provides registration fee scholarships to children, who without this financial assistance would not be able to participate in the youth recreational softball league.

Requirements for eligibility:

- Athlete must be age 16 or younger.
- Participation by an adult family member in at least one (1) volunteer position during the scholarship season.
- Commitment to attend a minimum of 75% of scheduled practices and games.
- Application must be completed by a parent, guardian, or head of household, with **all** requested information provided. (Incomplete applications will not be considered.)

Priority will be given to eligible youth meeting one or more of the criteria below:

- Member of a multi-child family.
- Living in a single parent home.
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.
- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc.
- Special circumstances (Please explain on application)

(Approval of a registration scholarship does not register the participant in the softball league. Athlete must still register with WGSA)



Wilshire Girls Softball Association SCHOLARSHIP APPLICATION

All information on form must be completed. Individual application required for each child:

Parent / Guardian

Name: _____

Phone: _____

Athlete's

Name: _____ Birthdate: _____

Address: _____

Street City Zip: _____

School Athlete Attends: _____

Grade: _____

Parent/Guardian: () Married () Divorced () Separated () Single () Widowed () Other

Amount of scholarship requested: \$ _____

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income (before taxes):

() \$0 to \$25,000 () \$25,000 to \$50,000 () \$50,000 to \$75,000 () \$75,000 to \$100,000 () \$100,000 or more

Number of dependent children in your household during the last tax year: _____

Father's Name: _____

Occupation: _____

Email: _____

Mother's Name: _____

Occupation: _____

Email: _____

Guardian's Name: _____

Occupation: _____

Email: _____

Season for scholarship request: () Spring () All Stars () Fall Ball Year: _____

Please describe any special circumstances that you feel are relevant to the registration fee scholarship request:

I HEREBY CERTIFY THAT THE STATEMENTS AND INFORMATION PROVIDED IN THIS APPLICATION FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed: _____

By: _____

Date: _____

Please direct any questions to the WGS President (president@wilshiresoftball.com)