



ORANGE CANYON GIRLS SOFTBALL LEAGUE



SCHOLARSHIP POLICY & APPLICATION FORM

Scholarship Philosophy Statement:

The Orange Canyon Girls Softball League recognizes that families with players participating or wishing to participate in the league may experience hardship from time to time. Our intent is to provide an enjoyable and memorable experience for our girls in the Orange County, CA area of all skill levels. A scholarship program has been developed to promote our goals:

- To teach and develop excellent softball skills and to gain an appreciation for and knowledge of the game of softball.
- To teach positive life lessons, good sportsmanship, winning and losing with pride, dignity, and TEAMWORK.
- To develop the qualities of citizenship and leadership through the game of softball.
- To promote physical fitness for the players.
- To promote principals of positive coaching.
- To promote a good working relationship with the local travel ball, high school and college fast pitch programs.

We provide the following scholarship opportunities for qualified players based on their merits.

Policy:

- Scholarship requests must be submitted in writing and complete via the OCGSL League Scholarship Request form before registration is completed.
- Scholarships will be considered for the spring and fall recreation seasons only. All-star play will not be considered scholarship eligible. Scholarship requests will be required per each individual season.
- Scholarships will be administered on a first-come, first-serve basis at the discretion of the OCGSL board.
- Approval of spring and fall season full scholarship units will be made by OCGSL board at the recommendation of the President, Registrar, and Treasurer.

Scholarship options:

- | | | |
|----------------------------|-------------------|--------------------|
| • Payment plan arrangement | • 25% scholarship | • 75% scholarship |
| | • 50% scholarship | • 100% scholarship |

Scholarship request process:

Scholarship request form requirements:

- | | |
|---------------------------------------|--|
| ✓ Parent or Guardian's name | ✓ Indicate which volunteer position / effort you will assist the league with |
| ✓ Parent or Guardian's demographics | ✓ If payment plan – Amount of initial payment & future payment dates (installment amounts must be prearranged) |
| ✓ Player name and information | |
| ✓ Type of scholarship award requested | |
| ✓ Demonstration / explanation of need | |

Approval process:

- Scholarship eligibility, requests, and awards will be reviewed and approved in strict confidentiality between the President, Registrar, and Treasurer.
- A scholarship award is only applicable to the early registration fee for the proceeding season and no other expenses.
- A scholarship award will be capitated at the equivalent amount of the early recreation enrollment fee for the proceeding season. Any additional expenses or fees more than the recreational enrollment fee for the upcoming season will be the financial responsibility of the applicant's parent(s) or guardian(s).
- The volunteer position/effort associated to the scholarship award would be in addition to any other volunteer requirements required by all parent(s) and guardian(s) as part of the softball season.
- If the commitment to the volunteer position/effort selected by the parent(s) or guardian(s) is not completed as agreed, the OCGSL board reserves the right to take that into consideration for future scholarship eligibility for the applicant on a case-by-case basis.



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Date of Application: _____

Player Name (please print):		Date of Birth:	
Applicant Name:		Relationship to Player:	
Home Address:		Home Phone: () -	
Email address:		Cell Phone: () -	
Division (circle one): 6U 8U 10U 12U 14U		Season (circle one): Fall Spring	

Explanation of Need:

Type of Scholarship Award Requested (select one):

Partial Award (Select One: 25% 50% 75%)

Full Award (100%)

Payment Plan Arrangement (specify): _____

Volunteer Position / Effort (please specify in space provided):

Field Preparation _____

Field Clean-Up _____

Snack Bar _____

Manager / Coach _____

Board Position _____

Other _____

APPLICANT SIGNATURE	DATE

OCGSL USE ONLY	
Date Application Received:	Received by:
OCGSL President Signature:	Season:
OCGSL Treasurer Signature:	Approval Date:
Type of Assistance/Volunteer Position/Effort Approved (details):	