



CYSA Scholarship Application

Date: _____

Parent's Name: _____

Player's Name: _____

Address: _____

Phone(s): _____

Email: _____

Player's Age: _____

Please circle the team the player would like to play on:

In House: 1/2/3 4/5 6/7 8/9 High School

Traveling: 8U 10U 12U

Please provide a brief narrative explaining the nature of the hardship and the need for financial assistance: (Attach additional sheets if necessary).

You will be contacted by the CYSA Board to discuss your application for assistance. All information contained herein and any discussions regarding this request will be confidential. Please email this request to: cysafastpitch@gmail.com.

By completing this form I certify that the information provided on this hardship application and any other information I provide is true and accurate.

Full Name of Requesting Parent/Guardian: _____

Date: _____
