



Ellsworth Baseball and Softball Association (EBSA) Scholarship Application

OVERVIEW

Ellsworth Baseball and Softball Association (EBSA) may grant scholarships for registration fees to area youth, who without financial assistance, would be unable to participate in EBSA sports programs. The EBSA scholarship program focuses on providing opportunities for area youth to participate in recreational and travel team sports because of the physical, mental, and character-building benefits these programs can provide. Scholarships are only available to cover the cost of registration for recreational or travel teams and are not available to cover any additional costs (equipment, optional tournament fees, etc.).

Scholarship requests must be submitted to EBSA no later than two (2) weeks prior to the regular registration deadline each year. The scholarship committee, which includes representatives from the EBSA Board, including the President, will consider all complete applications received by the application deadline. The amount of the scholarship awarded (if any) may be a partial or, in certain situations a full scholarship, depending on the number of applicants and the amount of scholarship funds available. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by need. No guarantee of assistance is implied by simply applying.

EBSA operates under the Ellsworth Community Youth Recreation Association umbrella (ECYRA). ECYRA is a 501(c)(3) non-profit organization. The EBSA has limited funding available for scholarships. No guarantee of assistance is implied by this application.

ELIGIBILITY - Requirements for eligibility:

- Athletes must be of eligible age to participate in a EBSA Program.
- Parents/Guardians (and athletes) commitment to attend a minimum of **80% of all scheduled practices and games**.
- Parents/Guardians agree to participate in **at least four (4) hours** of voluntary service to EBSA, ***in addition to any required volunteer hours associated with a travel team***, during the season of sponsorship. Volunteer work will be under the direction of the EBSA, and may include participating in fund-raisers, working in concession stands, field work (Field Maintenance Day, picking up trash, maintaining or chalking fields) or other duties as assigned by the EBSA.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered. The application is on the following page.
- The maximum amount awarded per family is \$500.00 per calendar year. Per IRS guidelines, The EBSA is required to issue a Form 1099 to any individual or family that has received \$600.00 or more in funds or compensation in a calendar year.

PROCESS & QUALIFICATIONS

- Complete the EBSA Scholarship Application Form, which must be signed by a parent/guardian and read and sign the Terms and Conditions statement. Prior to the application deadline, either mail / email the application to the address listed on the bottom of the application, or hand in person to an EBSA Board Member.
 - Include with the application either:
 - proof of current income for all household members, or

- a personal financial hardship statement (see Qualifications).
 - Examples of proof of income Include:
 - 1 Month of current consecutive pay stubs (4 weekly, 3 bi-weekly, or 2 bi-monthly pay stubs).
 - Printout from Social Security Administration.
 - Most recent completed tax return (Form 1040).
 - Notarized letter stating the applicant family has no income.
- The EBSA Scholarship Committee will consider scholarship applications completed with all necessary documentation and received by the deadline.
- Scholarship application approval will be based on verification of financial need.
- Scholarships will be provided on a first-come, funding, and space available basis.
- The scholarship awarded (if any) may be a partial or full scholarship depending on the number of applicants, and amount of funds available.
- The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

QUALIFICATIONS

Please provide all information required to help EBSA determine qualifications. Scholarship consideration will be given to eligible youth meeting one or more of the criteria below. The more information you can provide us, the better able we will be to determine hardship.

- Provide proof of income as described in the section above (Process).
- Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. (must provide written documentation of participation in these programs).
- Provide a recommendation by school representatives, social worker, or other social services representatives.
- Living in a single parent home.
- Financial Hardship Statement: provide a written statement of immediate financial hardship explaining the current situation. EBSA recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in an EBSA Program. In these instances, the EBSA Scholarship Committee will consider the Financial Hardship Statement to determine scholarship eligibility. Please provide documentation that supports the facts in your financial hardship statement.

CONFIDENTIALITY

The Ellsworth Baseball and Softball Scholarship Committee will use the information on the application only to decide if your athlete qualifies to receive a full or partial scholarship for one of our programs. Confidentiality will always be maintained. Applicants' personal finances will not be discussed outside of the EBSA Scholarship Committee. Managers, assistant coaches, or other volunteers will not be informed of a participant's financial or scholarship status.

*****Please note:** Approval of a scholarship does not register the participant in the program. You must still register the athlete in the program desired by the registration deadline.

The Ellsworth Baseball and Softball Association does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability, or cultural and religious backgrounds.



Ellsworth Baseball and Softball Scholarship Application

Please complete the following information, one (1) application per child.

ATHLETE INFORMATION

Name: _____ Age: __ Birth Date: _____ () Male / () Female

Address _____

School Attended: _____ Grade: __ School Phone: _____

Athlete lives with: () Both Parents () Mother () Father () Other

PARENT / GUARDIAN INFORMATION

Father/Guardian Name:	Occupation:
Employer Name:	Employer Address:
Home Phone/Cell Phone:	Email:
Mother/Guardian Name:	Occupation:
Employer Name:	Employer Address:
Home Phone/Cell Phone:	Email:
Father/Guardian Monthly Income (including alimony and child support):	
Mother/Guardian Monthly Income (including alimony and child support):	
Do you currently receive state or federal financial assistance? Yes or No If yes, what type:	
If you receive state or federal financial assistance, is this your sole source of income? Yes or No	
Total Household Income: \$	
Number of dependent children in your household during the last tax year?	Number of people in your household total:
Does your child qualify for free or reduced lunches? Yes No	

SCHOLARSHIP INFORMATION AND PREVIOUS PARTICIPATION

Amount of Scholarship Requested? Circle One	Full	Partial
Program Scholarship Requested for? Circle One	Travel Baseball	Travel Softball
	In Town Baseball	In Town Softball
Do you also request additional assistance to purchase basic equipment needed for this sport? If so, what are your needs?		

<p>Has this athlete participated in any EBSA programs in the past? Yes No If yes, list seasons and years (e.g. Spring 2022 travel baseball/softball or intown softball/baseball?)</p>
<p>Does your child play other sports? If so, what sports? What is the cost to play those sports?</p>
<p>Has this athlete ever received scholarships before? Yes No</p>
<p>If yes: Which sport, what year and what amount?</p>

TERMS AND CONDITIONS

“I”, “me” and “my” refer to the adult scholarship applicant. Initial each line.

____ 1. By signing this form, I certify that the information contained in this scholarship application is true and correct to the best of my knowledge and the EBSA scholarship committee members have my permission to verify the information on this application.

____ 2. By signing this form, I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

____ 3. I understand that members of the EBSA Scholarship committee will consider each scholarship application on a case-by-case basis.

____ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds and space are available, and scholarship requirements are met.

____ 5. I understand that I am responsible for all equipment and additional/optional fees (e.g. tournament fees, equipment, uniform, etc.) required for my child’s participation in a program.

____ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient. Scholarships will be provided to cover registration expenses and be directly applied to players fees by the EBSA.

____ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, the EBSA may immediately terminate my child’s privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to the EBSA the full value of any scholarship awarded.

____ 8. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 4 hours, per scholarship recipient, to be completed during the season unless otherwise coordinated with the EBSA Board of Directors. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for a period of 12 months. **These 4 hours are in addition to any other volunteer hours required by the program.**

____ 9. I understand it is my responsibility to ensure my child(-ren) attend a minimum of 80% of all scheduled practices and games.

____ 10. This application is considered private and will not be shared with anyone other than the EBSA Scholarship Committee.

 Printed Name of Adult Applicant

 Signature of Adult Applicant

 Name of Scholarship Athlete

 Date

Ellsworth Baseball and Softball Association
PO Box 442
Ellsworth, WI 54011
ebsa00@gmail.com
www.ellsworthpanthers.com

Fill out this completed form, completed terms and conditions, and send via regular mail or email (scan completed forms and supporting documents and email to ebsa00@gmail.com) to EBSA with one or more of the following attachments; indicate those items being provided by checking applicable boxes below:

- Written/Request from Parent/Guardian (*required).
- Proof of income (see Process).
- Documentation showing receipt of assistance such as Food Stamps, Medicaid, SSI, Foster Care, WIC, etc.
- Written recommendation by school representatives, social worker, or other social services representatives.
- Financial Hardship Statement with supporting documentation.
- Other (*explain in detail*):