

Carmel Community Girls Softball/Mavericks Scholarship Application

Please sign and return the application to CCGS/Mavericks as soon as possible. Your child will not be completely registered without this form.

I, _____, would like to request a full _____ or partial _____ scholarship for the _____ softball season for:

<u>Players Name</u>	<u>Age</u>	<u>Division</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

I request a scholarship for the following reason:

Please indicate the amount you can pay: \$_____ (a payment schedule can be arranged)

In order to defray costs, we hope that you will volunteer your services during the season wherever they might be needed. Please be advised that this is an application only and will be reviewed by the Scholarship Committee.

Name

Signature

Date

Phone

.....
For scholarship committee only:

Action taken: _____

Date: _____ Notified _____