

Murphey Candler Girls Softball Association (MCGSA) Scholarship and Payment Plan Request Form Version 2015-1222

Instructions: 1. Go to www.mcgsa.com and register online, you will not be able to complete the registration. Email registration@mcgsa.com and let the scholarship coordinator know that you have an incomplete order 2. Please complete this form and submit it. 3. After the form is submitted and accepted, the scholarship coordinator will let you know to log back in to your registration to pay the appropriate amount and complete your registration.

By Email: registration@mcgsa.com (preferred) or

By Mail: MCGSA – Scholarships

PO Box 467571 Atlanta, GA 31146

Parent or Guardian's Information (please print clearly)

First and Last Name: _____

Street Address: _____

Best contact number to reach you: _____

Email address: _____

Player #1 Information

First and Last Name: _____

Softball League (circle one): 6U 8U 10U 12U 18U

Player #2 Information

First and Last Name: _____

Softball League (circle one): 6U 8U 10U 12U 18U

Complete page 2 (over)

Scholarship and Payment Plan Request Form – Page 2

Instructions: A limited number of full scholarships are available for families who are unable to pay any part of the registration fee. Partial scholarships are available for families who are able to pay some portion of the registration fee but not the full amount. Monthly payment plans will be granted to families who can pay the entire registration fee but need to spread the payment over 3 or 4 months.

Late fees are waived for approved scholarships and payment plans, however, parents will still need to negotiate separately with team parents concerning team dues (around \$35 per player). All scholarship recipients are also required to pay a non-refundable \$25 registration fee. Information provided on this application is confidential and is normally not shared with coaches or team parents.

Please complete either Section A or Section B.

A. Scholarship Request

I am requesting a (circle one): Full Scholarship Partial Scholarship

If requesting a partial scholarship, please circle one choice below:

I can pay 50% of the registration fee for this season

I cannot pay 50% but can pay a smaller amount: \$ _____

Please circle the volunteer job you are willing to assist with this season:

Team Parent / Auxiliary / Fundraising / Opening Day / Photo Day

I certify that my family has a financial hardship and that my daughter(s) needs a full or partial scholarship or she would not be able to play softball this season:

Signature of parent or guardian: _____

Date: _____

B. Monthly Payment Plan Request

I am requesting that my family's registration fees be spread over (circle one):

3 months 4 months

I agree to continue making monthly payments until the balance is paid in full. If my financial situation changes I will contact MCGSA as soon as possible.

Signature of parent or guardian: _____

Date: _____