

GAGSA Board Use Only
Approved
Not Approved Amount Due \$
Parent/Guardian Notified Paid in Full

## **Grow The Game Grant Application**

Name:	
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Parent / Guardian Informa page)	ation: (please see Volunteer Requirement note at end of nex
Name:	
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Address (if different):	
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To appropriately allocate the limited amount of scholarship funds available to GAGSA within a calendar year, we ask each participant to rate their financial need. Please circle your request per your family's financial situation.

I am requesting a scholarship of (please circle): 25% 50% 75% 100%

## **Greater Altoona Girls Softball Association Scholarship Program**

The GAGSA Scholarship is offered to any eligible household. Our goal is to allow every girl the opportunity to participate in our program.

## **Eligibility Requirements:**

Applicants must complete this scholarship application at (or prior to) registration deadline. All scholarship applications are reviewed and given based on availability of funds and financial hardship of the household.

## **Notification of Acceptance:**

Scholarship recipients will be notified by a board member within a week of receiving the application. All scholarships will be directly applied towards the registration fees. Applicants who did not qualify for a scholarship will be given seven additional days to meet the remaining balance.

**Volunteer Note:** In addition to the minimum of one volunteer opportunity that each family in the organization must fulfil, all scholarship recipients and/or parents/guardians will be required to fulfill one additional volunteer opportunity during the season. This means that each family on scholarship will be responsible for a minimum of two volunteer shifts during the season. Not fulfilling these obligations may result in ineligibility for the scholarship program in the future.