PETALUMA GIRLS SOFTBALL ASSOCIATION YOUTH SPORTS SCHOLARSHIP APPLICATION

Part	<u>1</u>		
Pleas	se provi	de the following information	(one application per child)
Child's Name:			Date of Birth:
Parent/Guardian:			Home Phone:
Fami	ly's Add	ress:	
Employer: Work Phone:			
Work	Addres	s:	
Child	's Scho	ol:	
Has y	/our chi	d ever received a scholarsh	nip form PGSA?
YES	NO	List all assistance:	
ls you	ur child	a member of a multi-child fa	ımily?
YES	NO	Number of children and ac	ges
Does	your ch	ild live in a single parent ho	ome?
YES	NO	Years in single parent hon	ne:
Will y	ou chilo	I commit to attending sched	uled practices and games?
YES	NO	Reasons why child may no	t be able to attend:

<u>Part 2</u>

You must attach a written statement explaining your financial need for a scholarship