

Application for Scholarship Qualification



P O Box 1098
Cardiff, CA 92007

Philosophy: San Dieguito Youth Softball (SDYS) offers both full and partial scholarships for all age divisions to ensure that any girls can participate in our league regardless of current socioeconomic status. Financial assistance is a part of our league's continuing investment in the girls of our community and our commitment to the benefits that girls experience when playing sports.

SDYS Scholarships provide confidential, need-based financial assistance to individual players. Funds are intended to cover the cost of registration for a single season and parents/guardians are encouraged to pay a portion of the registration fees when possible.

Guidelines:

- SDYS reserves the right to determine who qualifies for a scholarship based on need. Applications will be reviewed by the Financial Aid Committee. The amount of scholarship funds granted will vary based upon need and available funds.
- Acceptance of a SDYS scholarship requires that additional volunteer hours will be worked during the scholarship season at the league snack bar. Two levels of scholarship will be available: full and partial. The number of additional hours required to volunteer will vary based on the season, division level and scholarship level.
- Each league family is asked to volunteer 4 hours per player during the season in the snack bar. If your request for scholarship is approved, you will be asked to volunteer the following additional hours:
 - For **Full** Scholarships:
 - Spring Season:
 - Tball - 2 additional hours during season and 2 additional hours during Memorial Day Tournament (8 total volunteer hours)
 - 8U/10U/12U/14U - 4 additional hours during season and 4 additional hours during Memorial Day Tournament (12 total volunteer hours)
 - All-Star Season:
 - To be determined
 - Fall Season:
 - 8U/10U/12U/14U - 4 additional hours during season and 4 additional hours during Fall Tournament (12 total volunteer hours)
 - For **Partial** Scholarships:
 - Spring Season:
 - Tball - 1 additional hours during season and 1 additional hours during Memorial Day Tournament (6 total volunteer hours)
 - 8U/10U/12U/14U - 2 additional hours during season and 2 additional hours during Memorial Day Tournament (8 total volunteer hours)
 - All-Star Season:
 - To be determined
 - Fall Season:
 - 8U/10U/12U/14U - 2 additional hours during season and 2 additional hours during Fall Tournament (8 total volunteer hours)

Qualification/Application Process:

- A separate scholarship request must be submitted for each player for each season.
- Completed applications must be signed and mailed to SDYS, PO Box 1098, Cardiff, CA 92007 or scanned and emailed to treasurer@sdyssoftball.com prior to the final registration deadline posted on the website for each season.
- Financial income/expense information may be requested by SDYS as supplementary information to confirm financial assistance needs prior to approval.
- Families with more than 1 player needing scholarship and/or experiencing a severe hardship should note special requests or comments to be considered at bottom of form.
- Applicant's family must have cleared any outstanding balance owed to league in order to be approved for a scholarship.
- Requests for retroactive or reimbursement funds will not be considered once registration has been paid.
- Applications may take up to 4 weeks to be reviewed and approved or denied.
- Requests for scholarships will be accepted up to 1 week prior to the first game of the season.
- All applications will be considered confidential and will be handled accordingly.

Approval Process:

- Only completed/signed applications will be approved.
- You will be notified via email within 4 weeks of your application submittal whether you have been approved for a full or partial scholarship with SDYS.
- Once you receive approval, you will need to log onto the SDYS website at www.sdyssoftball.com within 5 days and complete the registration process for each player that has received a scholarship. When you get to the final payment page for the registration, please select "Register and pay later" to complete and submit the scholarship recipient's registration.

Questions?: Contact SDYS Treasurer by emailing treasurer@sdyssoftball.com. Please allow 3-5 business days for a response.

SDYS Scholarship Application Form

In order to be considered for a scholarship with our league, you must complete and return this signed application prior to the beginning of the season. Incomplete information may delay processing or may make the application invalid.

I. Household Members:

A. Adult Members

NAME (Last, First)	AGE
1.	
2.	
3.	
4.	

B. Dependents Living in Home (List all info requested)

NAME (Last, First)	SCHOOL	AGE/GRADE
1.		
2.		
3.		
4.		

II. Name of Child requesting Scholarship:

III. Type and Amount of Scholarship Requested:

- Full - Specific Amount Requested: \$ _____
- Partial - Specific Amount Requested: \$ _____
- Other (Please explain): _____

IV. Season Requested (Note only 1 box can be checked per application):

- Spring _____ (year)
- All Stars _____ (year)
- Fall _____ (year)
- Winter _____ (year)
- Other (Please explain): _____

V. Reasons why Scholarship is needed this season:

VI. Sources of Income:

Please list by type, the total monies received by all household members before deductions (weekly incomes must be multiplied by 4.33, biweekly incomes must be multiplied by 2.15 and annual incomes must be divided by 12). This includes all 1099, W2 wages, alimony, child support and other types of expected income.

TYPE OF INCOME (i.e.: Wages, Child Support, etc)	SOURCE (i.e. Employers Name)	MONTHLY INCOME \$
1.		
2.		
3.		
4.		

A. Total of Monthly Income of all Household Members _____

B. Approximate Monthly Household Expenses _____

VII. Additional Comments or Considerations:

VIII. Signature of Parent/Guardian:

I hereby certify that all of the above information is true and correct. I understand that the league Treasurer may request additional financial information or verify the information on this application. Deliberate misrepresentation of any information may be subject to denied status resulting in no scholarship being offered again by our league to your family. I have read, reviewed and understand the above philosophy, guidelines and processes.

Signature of Parent or Guardian

Date

Full Name (Please Print)

Home Phone

Cell Phone / Other

Email Address

Mailing Address (Street Address, City, State, Zip Code)

For SDYS League Use Only:

Approved

Denied

Other _____

Income Verified by: _____

Date: _____