



## **Vista Girls Softball League Scholarship Program**

Vista Girls Softball may grant registration fee scholarships or partial scholarships to players who without this financial assistance would not be able to participate in **one** of the softball season programs. The Vista Girls Softball scholarship program focuses on providing opportunities for youth to participate in team sports to build character, physical and mental abilities, competition, and other valuable life skills in a comfortable environment.

Vista Girls Softball is a non-profit organization with a very limited amount of funds available for scholarships. We cannot guarantee any assistance by completing this application. We may award a full or partial scholarship depending on the number of applications and/or within the league budget allowances. In addition we may offer an alternative solution such as low monthly payments or extended volunteer services during the season to offset the cost of registration fees. Only one scholarship per player may be awarded while at VGS unless the board and parent agree on an alternative method of payment/services.

Consideration will be given to the application circumstance (financial hardship explanation) and reviewed by the Vista Girls Softball Executive board to provide recommendations to the general board.

All applications must be submitted prior to the season start (Assessment day)

All applications must be submitted to the Vista Girls Softball Secretary for proper recording and scheduling of review by any of the following options:

**Email:** [secretary@vistags.org](mailto:secretary@vistags.org)

**Mail:** 1611 S. Melrose Dr. Ste A209  
Vista, CA, 92081

**In Person:** Kim Anderson, Secretary  
of Vista Girls Softball



## Vista Girls Softball League Scholarship Application

Season \_\_\_\_\_ Year: \_\_\_\_\_

Player Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Division: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you willing to consider alternative payment options with Vista Girls Softball? \_\_\_\_\_

**Please describe the reason for a scholarship request:**

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**Parent/Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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For Vista Girls Softball use only

Approved \_\_\_\_\_ Alternative agreed upon \_\_\_\_\_ Disapproved \_\_\_\_\_

Amount awarded: \_\_\_\_\_ Amount Due: \_\_\_\_\_

**Alternative Consideration** (does not affect future scholarship award):

Payments: Number \_\_\_\_\_ Monthly Amount \_\_\_\_\_ Alternate Agreement \_\_\_\_\_

\_\_\_\_\_

**President Signature Treasurer Signature**