



CARSON GIRLS SOFTBALL - SCHOLARSHIP - 2025



P.O. Box 475 • Carson City • NV • 89702 • (775) 431-3615 • www.carsongirlssoftball.com

Parent Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Scholarship(s) Requested For: Name: _____ Age Jan 1, 2025: _____

Name: _____ Age Jan 1, 2025: _____

Name: _____ Age Jan 1, 2025: _____

Briefly state reason for scholarship request: _____

If granted a scholarship, you will be required to volunteer 3 days assigned by the Board or make additional arrangements with the Board. Failure to follow through with this requirement will result in being responsible for the balance of the registration fees. The balance must be paid prior to registering for the following season.

NOTE: Scholarships are limited to two consecutive seasons per family.

Decision to grant scholarship will be reviewed by the board at the next board meeting and you will be notified immediately thereafter if board disagrees with initial decision.