

AMATEUR SOFTBALL ASSOCIATION, INC.

South Dakota Amateur Softball Scholarship Application

Application and reference letter must be returned to:

SDASA Junior Olympic Commissioner 804 S. Garfield Sioux Falls, SD 57104

Deadline is March 1. Only complete applications will be considered. If you have any questions regarding this application, you may call (605) 334-6374. This form may be reproduced as needed.

Funds are made available from the South Dakota Amateur Softball Association. The number and value of scholarships awarded each year will be determined by the SDASA Executive Committee.

ELIGIBILITY REQUIREMENTS

The SDASA Scholarship Program has been established to award scholarships to participants and/or family members in the SDASA program, who desire to further their education. These family members must have participated in the SDASA program for at least 3 years; as a player, coach, umpire, SDASA official, or league official.

Applicants must be 19 years of age of younger and be a graduating senior from an accredited high school during the year of application.

This scholarship may be used for a person(s) who is physically challenged as determined by the American Disabilities Act passed on July 25, 1990.

Scholarships must be used in one of the following types of accredited post-high school institutions: College, University, or Vocational Technical school. Scholarships will be paid directly to the school.

Applicant must ascertain their own eligibility to receive such a scholarship according to the eligibility rules of the institution they will be attending. If, for any reason, the original recipient is unable to attend college in the year of application, the awarded scholarship monies may be held for an additional year, after which time it may be redeposited in the scholarship fund.

PRINT or TYPE NAME					
First		Middle			Last
ADDRESS					
	Street	City	State	Zip	
PHONE					
DATE OF BIR	ТН				
SEX					
I certify that all confirm all inform		s true and comple	te to the best of m	y knowledge,	and I authorize the committee to
APPLICANT S	IGNATURE .				

FAMILY INFORMATION Fathers occupation and place of employment Mothers occupation and place of employment No. in family _____ No. in college ___ **EDUCATION INFORMATION** High school attended: Graduation date School planning to attend _____ Full time _____ Part time _____ School is: College _____ University ____ Vo-tech ____ Other ___ Please have school counselor or principal fill in the following, or attach a high school transcript. Class size _____ Rank ____ GPA ____ ACT or SAT composite ____ School Official Signature ACTIVITIES AND AWARDS: (Attach a separate list) SOFTBALL INVOLVEMENT Player _____ Umpire ____ Coach/Manager ____ Other ____ If player/manager, name of team _____ Team manager name, address, and phone number Years involved (list) ____ Played on Adult team: Men _____ Women _____ Played on Youth team: Fast _____ Slow ____ Modified ____ Parent or guardian involvement _____ PERSONAL STATEMENT On a separate sheet, in 100 words or less describe your personal, education & career goals, including data relating to your financial needs.

RECOMMENDATIONS

Please attach 2 to 3 letters of recommendation (non-family) relating to your experience in one or more of the following: Community, Higher Education Potential, Need, Personal Qualities, Scholastic Ability, and Softball Activities.

Please attach one of your most recent photos. If you are selected, this will be used in the SDASA News. Please send all requested information to the address listed on the first page.