



Administrative Use
Reg No: _____
Division: _____
Approval: _____

The information on this form will be kept confidential

Scholarship and Payment Plan Application 2016 Spring Season

Dear Parent/Guardian,

The Peninsula Youth Softball Association (PYSA) welcomes all athletes who want to play fast pitch softball. No player will be turned away based on the ability to pay. Full or partial scholarships and payment plans are available. We ask that you pay what you can afford; this enables the league scholarship program to fund as many players as possible. All player families who receive full or partial scholarships and payment plans are encouraged to work volunteer hours alongside their team in the Snack Shack as determined by each team Parent/Guardian Coordinator.

If you require a scholarship or a payment plan, please complete this form. If you are applying for a scholarship, please also attach and include a copy of your most recent W-2 for income verification. Completed applications and any required supporting documentation can be given to any Executive Board member or mailed to the following address:

Peninsula Youth Softball Association
Attn: Executive Board
P.O. Box 70019
San Diego, CA 92167

The Executive Board will promptly consider each request. Individuals requesting a scholarship or payment plan will be contacted by the PYSA Player Agent or other Executive Board member regarding your application, once a determination has been made.

Please Consider:

(Player's name) _____

(Player's name) _____

(Player's name) _____

for a scholarship or payment plan for the Spring 2016 season.

REQUEST FOR PAYMENT PLAN:

____ I agree to pay PYSA a total sum of \$_____ which I will pay in three equal payments of \$_____ (total amount due to PYSA divided by three). I agree to make my first payment on February 5, 2016 and all subsequent payments will be paid on or before the 5th of every month with final payment due on April 5, 2016.



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REQUEST FOR PARTIAL SCHOLARSHIP:

___ I am requesting a partial scholarship, in the amount of: _____.

REQUEST FOR FULL SCHOLARSHIP:

___ I am requesting a full scholarship.

I (parent name), _____ have read and understand the provisions of this agreement. I agree to the terms of this agreement.

Signature: _____ Date: _____

Home Phone #: _____

Cell Phone #: _____

E-mail: _____

Basis of request for scholarship (Please complete if you are requesting a full or partial scholarship):
