



(HSS Use Only)

Approved: _____

Date: _____

Signed: _____

HIGH SIERRA SOFTBALL SCHOLARSHIP APPLICATION (One Application per player)

Please complete this application for a scholarship from High Sierra Softball and Soroptimist International with your declaration of low-income eligibility. A limited number of scholarships are available and issuance will be determined based on the number of applicants and those determined to be of highest need. They are not issued on a first-come first-served basis and must be approved by the HSS Board.

Name of Player _____ Date of Birth: _____

Parent(s)/Guardian(s): _____

Physical address:

Number of people in household: _____ Date: _____

Annual Income in household: (see below) _____

Player's Academic Grades (for Soroptimist's scholarship information tracking – please circle one):

Grades: All As As and Bs Bs and Cs Cs and Ds Ds and Fs

Elementary: Outstanding Outstanding/Satisfactory Satisfactory Needs Improvement

Income criteria:

HOUSEHOLD SIZE	YEAR
2	\$45,000
3	\$50,000
4	\$55,000
5	\$60,000
6	\$65,000
7	\$70,000
8	\$75,000
For each additional family member add:	+\$5,000