

CYSA Scholarship Application

Application Date: _____

Parent's Name: _____

Player's Name: _____

Address: _____

Phone Number(s): _____

Email: _____

Player's Age: _____

Please circle the team the player would like to play on:

Community: K12 8U 10U 12U

Traveling: 8U 10U 12U 14U

Please share a brief explanation of your situation and the reasons you are requesting financial assistance. If you need more space, feel free to attach additional pages

The CYSA Board will contact you to review your application for assistance. All information provided in this application, as well as any related discussions, will remain strictly confidential.

**Please submit your completed application via email to:
President@cysafastpitch.com**

By submitting this form, I certify that all information provided in this scholarship application is true and accurate to the best of my knowledge.

Full Name of Requesting Parent/Guardian: _____

Date: _____