

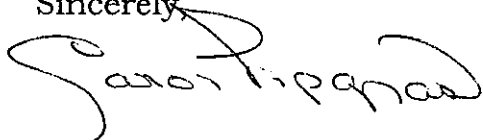
SOUTH DAKOTA USA SCHOLARSHIP APPLICATION

Re: Scholarships for Graduating Seniors
To: High School Seniors and Senior Advisors

To whom it may concern:

Please find enclosed a copy of the USA Softball Scholarship/Sioux Falls People for youth form. Or you can go to the SDUSA softball website to obtain this form. This is for any graduating senior who has been involved in the South Dakota ASA program, or who has a parent/guardian who has participated in this program in the last 3 years. Requirements are listed on the application form. This form maybe copied for other applicants. There is the possibility of 17 scholarships given out each year through SDUSA totaling \$500.00 each. Any questions or concerns, please feel free to give me a call at 1-605-366-3110. Thank you for your assistance.

Sincerely,



Carol Pipgras
South Dakota USA Youth Commissioner

USA SOFTBALL™

of South Dakota

Deadline is April 1st. Only complete applications will be considered. If you have any questions regarding this application, you may call (605) 366-3110. This form may be reproduced as needed. Funds are granted through USA Softball of South Dakota. The number and value of scholarships awarded each year will be determined by the USA Softball of South Dakota Executive Committee. Only winners will be notified and arrangement will be made for payment.

ELIGIBILITY REQUIREMENTS

The USA Softball of South Dakota Scholarship Program has been established to award scholarships to those who have participated in USA Softball of South Dakota & desire to further their education. These participants must have participated in the USA Softball of South Dakota sanctioned programs for at least 3 years as a player, coach, umpire, USA Softball of South Dakota official, or in a official capacity of a USA Softball of South Dakota sanctioned team or league.

Applicants must be 19 years of age or younger. You must be a graduating senior from an accredited high school during the year of application. This scholarship may also be granted to a family member of USA Softball of South Dakota member 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 re-deposited in the scholarship fund.

PRINT or TYPE NAME _____
First Middle Last

ADDRESS _____
Street City State Zip

PHONE Home: _____ Cell: _____

Email _____

DATE OF BIRTH: Day _____ Month _____ Year _____ **GENDER** Male Female

I certify that all information is true and complete to the best of my knowledge, and I authorize the committee to confirm all information.

APPLICANT SIGNATURE _____

Application with reference letters must be returned to:

USA Softball of SD Junior Olympic Commissioner Carol Pipgras
 804 S. Garfield
 Sioux Falls, SD 57104
pip2125@sio.midco.net

You may be asked for a recent photo If you are selected, this photo may be used by the USA Softball of South Dakota for any and/or all press releases concerning scholarships.

FAMILY INFORMATION

Father's name _____

Occupation and place of employment _____

Involvement in Softball _____

Mother's name _____

Occupation and place of employment _____

Involvement in Softball _____

Number of children at home _____ Number of children in family _____ Number of siblings in college _____

EDUCATION INFORMATION

High school attended: _____ Year of Graduation _____

School planning to attend _____ Full time Part time

SOFTBALL INVOLVEMENT Please Check if you played Youth, Adult Or Both

Fastpitch: Youth Adult Both What years involved _____

Team names: _____

Slowpitch: Youth Adult Both What years involved _____

Team names: _____

Co-ed: Youth Adult Both What years involved _____

Team names: _____

Your coach's name: _____ Phone _____

Your coach's name: _____ Phone _____

Umpire: Youth Adult Both What years involved _____

What leagues _____

Coached: What years involved _____ What league _____

Must have school counselor or principal fill in the following and attach a high school transcript.

Class size _____ Your Rank _____ GPA _____ ACT or SAT score _____

School Official Signature _____

Please Include the following on separate sheets: **ACTIVITIES AND AWARDS:**

A Personal Statement: In 400 words or less describe your personal, education & career goals, including data relating to your financial needs.

Recommendation Letters: Attach 2 or more letters of recommendation (non-family) relating to your experience in one or more of the following: Softball Activities, Community, Need, Personal Qualities, and/or Scholastic Ability.