

Reg No: _____

Division: _____

Approval: _____

Pay Plan and Scholarship Application Spring Season 2016

(All information must be completed for application to be considered)

Dear Parent -

Clairemont Girls Fast Pitch welcomes all girls who want to play softball. No girl will be turned away for lack of funds. Full and Partial scholarships are available. We ask that you pay what you can afford, so that our scholarships may be used to fund as many girls as possible. We ask all families who receive scholarships to work in the snack bar. (see below for details).

Please understand that you will still be responsible for participating in the league fundraiser. The minimum amount that must be collected for each player is \$50. Initial _____

If you are in need of a scholarship, pay plan or choose to work in the snack bar, please complete this form. E-mail your completed application to cgfppres@gmail.com The Executive Board will take each scholarship request under consideration promptly. Everyone requesting a scholarship will be contacted by the CGFP President or Bookkeeper with an update on the status of your scholarship application.

Please Consider (player's name) _____ Division 6U 8U 10U 12U 14U

(Circle one)

(player's name) _____ Division 6U 8U 10U 12U 14U

(Circle one)

(player's name) _____ Division 6U 8U 10U 12U 14U

(Circle one)

REQUESTING A PAY PLAN:

___ I agree to pay CGFP a total sum of \$_____ which I will pay in three payments of \$_____ (total amount due to CGFP divided by three). I agree to make my first payment on January 9, 2016 and all subsequent payments will be paid on or before the 5th of every month with final payment due on March 5, 2016.

REQUESTING A FULL OR PARTIAL SCHOLARSHIP: (for families that are low income)

(Please attach a copy of your 2014 tax return and your most current pay stub.)

Basis for this request _____

Option 1

___ I need a partial scholarship. I am enclosing the amount I can afford of \$_____ **or** I agree to pay CGFP a total sum of \$_____ which I will pay in three payments of \$_____ (total amount you can afford to pay CGFP divided by three). I agree to make my first payment on January 9, 2016 and all subsequent payments will be paid on or before the 5th of every month with final payment due on March 5, 2016. I also agree to work the required hours in the snack bar. (These hours will be determined upon approval of the application and I will be informed of them via email). **I will collect the minimum amount of \$50 required of every player for the 100th Inning Fundraiser.**

The information on this form will be kept confidential and is not available to anyone outside the CGFP Executive Board.

Option 2

___ I need a full scholarship. I will work 9 hours for the first child who receives a scholarship and an additional 5 hours for each additional child that receives a scholarship. **I will collect the minimum amount of \$50 required of every player for the 100th Inning Fundraiser.**

REQUESTING TO WORK 14 HOURS IN SNACK BAR:

Basis for this request _____

___ I agree to work 14 hours in the snack bar. **I will collect the minimum amount of \$50 required of every player for the 100th Inning Fundraiser.**

The deadline to signup for all your snack bar work shifts is March 1, 2016. You will be contacted by Snack Bar Coordinator as to the shifts available to you. If you miss a shift you will subject to being charged the amount due on the registration minus any hours you already completed (\$10 an hour). **No fee will be incurred if the Snack Bar Coordinator receives an email or text notifying them 24 hours before your shift.**

The deadline to completed snack bar work hours is April 20, 2016.

If you fail to fulfill any of the conditions set forth in this agreement CGFP may exercise any one or more of the following Actions:

- **Uniform will not be released**
- **Pictures will not be released**
- **Player will not be eligible for All Stars**
- **Player will not be eligible for Fall Ball**
- **Player will not be eligible for Scholarship or Play plan for 2017 season**

As soon as you are in compliance with this agreement any Action taken will be lifted.

Prior to signing this agreement I, _____ (parent name), read and understood all the provision of this agreement. I agree to all the terms of this agreement.

Print Name: _____

Date: _____

Signature: _____

Home Phone #: _____

E-mail _____

Cell Phone #: _____

The information on this form will be kept confidential and is not available to anyone outside the CGFP Executive Board.