Mounds View Softball Association Application for Scholarship/ Sponsorship

Name:										
Addres	s: City		State		 Zip					
Home I Player	Phone: e-mail:				Cell Pho Parent	one: e-mail:				
MVSA S why yo	alf of the MV Scholarship A u should be ard. Awards	Award. V consider	We look for ed for this	ward to re award. Ea	eviewing ach ques	your app	lication	and your	one page	letter of
_	plying for: Scholarship-	attach a	copy of the	e acceptar	nce lette	from the	college y	ou plan	to attend	
	Sponsorship (such as the				ter to th	e event fo	r which y	ou are s	eeking sp	onsorship
Are you	ı playing for	your Hiş	gh School te	am your	senior y	ear? Y	es N	lo		
	ou applied a School Accep						Yes	No		
_	olayed with I In-house	MVSA at 8U		ng age lev 12U	els. Che 14U	ck all that 16U	apply: 18U			
Please	oeen involve check all tha Youth Clinic	t apply:		, coaching Umj		iring duri	ng my M	VSA care	er?	
Please	describe:									
Signatu	ıre:					Date:				

Send this completed application, a copy of your acceptance letter from the college you plan on attending along with your one page letter of why you should be considered for the MVSA's scholarship program by April 15^{th} . Send to : MVSA Board of Directors, P.O. Box 120286, New Brighton, MN 55112.