



Circle of Friends Financial Scholarship Application

All information will be kept confidential and will be used solely for the purpose of awarding financial aid.

Parent/Legal Guardian completing this application:

Name _____ Phone _____ Email: _____

Player's Name: _____ Date of Birth: _____

Player's Name: _____ Date of Birth: _____

Player's Name: _____ Date of Birth: _____

Participating In: Recreational _____ Travel _____
Season: Spring _____ Winter _____ Fall _____

Marital Status: _____ Annual Household Income: _____

Total Number of children in home: _____

Please list any information you wish to be considered in evaluating this application (e.g. recent changes in family income levels, employment status, or other financial):

In exchange for your child's scholarship, CASA requires 8 volunteer hours per season for the Club.

Please circle the areas that most interest you:

Field Maintenance Fundraising Referee Tournament Snack Bar

GOOD FAITH CERTIFICATION OF FINANCIAL NEED:

I, the Parent/Legal Guardian of the above-named player, certify in good faith that the player and I need Financial Assistance to participate in CASA's programs and verify the above statements to be true and correct:

Signature of Parent/Guardian: _____

Parent/Guardian (Print Name): _____

RETURN THIS FORM WITH COPY OF MOST RECENT FEDERAL INCOME TAX RETURN TO:

CASA Scholarship Committee

5480 Linglestown Road

Harrisburg, PA 17112

Office Use Only:

Reviewed _____ Approved _____

Fee Waived _____ Date _____

Comments: