

Carol Pipgras

South Dakota ASA Youth Softball Commissioner



804 S. Garfield
Sioux Falls SD. 57104

Phone: 605-334-6374
Fax: 605-334-4816
Email: pip2125@sio.midco.net

December 12, 2010

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

To whom it may concern:

Please find enclosed a copy of the Amateur Softball Scholarship Application. 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 are possibly 5 scholarships given out each year by the South Dakota ASA and an additional 5 given by Sioux Falls People For Youth Committee through SDASA totaling \$500.00 each. Any questions or concerns, please feel free to give me a call at 1-605-334-6374. Thank you for your assistance.

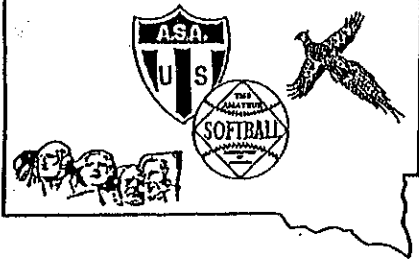
Sincerely,

A handwritten signature in cursive script that reads "Carol Pipgras".

Carol Pipgras

SOUTH DAKOTA

AMATEUR SOFTBALL ASSOCIATION, INC.



South Dakota Amateur Softball Scholarship Application

Application and reference letters must be returned to:
SDASA Junior Olympic Commissioner
804 S. Garfield
Sioux Falls, SD 57104

Deadline is March 1. Only complete applications will be considered. If you have any questions regarding this application, you may call (605)334-6374. This form may be reproduced as needed.

Funds are made available from the South Dakota Amateur Softball Association. The number and value of scholarships awarded each year will be determined by the SDASA Executive Committee.

ELIGIBILITY REQUIREMENTS

The SDASA Scholarship Program has been established to award scholarships to participants and/or family members in the SDASA program, who desire to further their education. These family members must have participated in the SDASA program for at least 3 years; as a player, coach, umpire, SDASA official, or league official.

Applicants must be 19 years of age or younger and be a graduating senior from an accredited high school during the year of application.

This scholarship may be used for a person(s) 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 cannot accept their scholarship, it may be given to an alternate. If, for any reason the recipient is unable to attend college in the year of application, the awarded scholarship monies may be held for the recipient for an additional year, after which time it may be redeposited in the scholarship fund.

PRINT or TYPE

NAME _____

First

Middle

Last

ADDRESS _____

Street

City

State

Zip

PHONE _____

DATE OF BIRTH _____

SEX _____

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 _____

FAMILY INFORMATION

Fathers occupation and place of employment

Mothers occupation and place of employment

No. in family _____ No. in college _____

EDUCATION INFORMATION

High school attended: _____

Graduation date _____

School planning to attend _____

Full time _____ Part time _____

School is: College _____ University _____ Vo-tech _____ Other _____

Please have school counselor or principal fill in the following, or attach a high school transcript.

Class size _____ Rank _____ GPA _____ ACT or SAT composite _____

School Official Signature _____

ACTIVITIES AND AWARDS: (Attach a separate list)

SOFTBALL INVOLVEMENT

Player _____ Umpire _____ Coach/Manager _____ Other _____

If player/manager, name of team _____

Team manager name, address, and phone number _____

Years involved (list) _____

Played on Adult team: Men _____ Women _____

Played on Youth team: Fast _____ Slow _____ Modified _____

Parent or guardian involvement _____

PERSONAL STATEMENT

On a separate sheet, in 100 words or less describe your personal, education & career goals, including data relating to your financial needs.

RECOMMENDATIONS

Please attach 2 to 3 letters of recommendation (non-family) relating to your experience in one or more of the following: Community, Higher Education Potential, Need, Personal Qualities, Scholastic Ability, and Softball Activities.

Please attach one of your most recent photos. If you are selected, this will be used in the SDASA News. Please send all requested information to the address listed on the first page.