



DECATUR DIXIE GIRLS SOFTBALL, INC.

Scholarship Application

P.O. BOX 491
DECATUR, ALABAMA 35602
<http://ddgs.org>

LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH ____/____/____ AGE ____ PHONE _____

ADDRESS _____ ZIP _____

SCHOOL _____ GRADE _____ TEACHER NAME _____

LIVES WITH: BOTH PARENTS MOTHER FATHER OTHER

AMOUNT REQUESTED: FULL PARTIAL AMOUNT REQUESTED \$ _____

PARENT/GUARDIAN INFORMATION

HOUSEHOLD INCOME LAST YEAR \$ _____ NUMBER OF DEPENDANT CHILDREN LIVING IN THE HOME LAST YEAR _____

1. PARENT/GUARDIAN NAME _____

RELATIONSHIP FATHER MOTHER GRANDPARENT OTHER

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

OCCUPATION _____ EMPLOYER _____

EMAIL #1 _____ EMAIL#2 _____

2. PARENT/GUARDIAN NAME _____

RELATIONSHIP FATHER MOTHER GRANDPARENT OTHER

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

OCCUPATION _____ EMPLOYER _____

EMAIL #1 _____ EMAIL#2 _____

3. PARENT/GUARDIAN NAME _____

RELATIONSHIP FATHER MOTHER GRANDPARENT OTHER

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

OCCUPATION _____ EMPLOYER _____

EMAIL #1 _____ EMAIL#2 _____

SEASON FOR WHICH REQUEST IS MADE SPRING FALL YEAR _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes DDGS to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct. I understand that my child(ren)'s participation in this program requires a commitment to attend a minimum of 90% of the scheduled practices and games, participation in the fundraisers, and my participation in a volunteer capacity.

Parent/Guardian Signature: _____ Date: _____

DDGS Representative Signature: _____ Date: _____