



Received _____

LGSA Scholarship Application

Name: _____ Date: _____

Address: _____ City/Zip: _____

Phone: (home) _____ (work) _____ (cell) _____

Total household monthly gross income: _____ Number of people in household: _____

Are you employed? _____ Employer: _____

Please fill in all the information below for **each household member** even if they will not be registering for softball this season. If you need more space, please attach an additional sheet.

Award letter from TANF/SSI Income Tax Form Check Stubs/Unemployment Child Support Proof of Residency

<u>Name</u>	<u>Special Needs?</u>	<u>Birth Date</u>	<u>Age</u>	<u>M/F</u>

You must attach paperwork which validates your income, or your application will be considered incomplete. We require a tax form from the most recent year (plus current pay stubs for the month and child support income), unemployment documentation, or TANF/SSI Statement. If you have a complete lack of income, no address or other special circumstance, please describe your situation on a separate piece of paper.

I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in LGSA sponsored activities, I hereby assume all risk of injury, damage, liability and harm to myself arising from such activities. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the LGSA, their officials, and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity, except for the sole negligence of the City of Longview.

I certify that all of the information provided on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of Scholarship assistance; that LGSA board members may verify the information on the application; and the deliberate misrepresentation of the information may subject me to prosecution under applicable laws.

Signature: _____

E-mail Address: _____

**Please mail or drop off completed application to: LGSA
P.O. Box 23
Longview, WA 98632**



LGSA Scholarship Guidelines

Program Limited to use by qualifying children (18 years or younger) and must reside with-in the city limits of Longview.

In order to qualify, your household's monthly gross income must fall within the Income Limits shown on this sheet.

You must attach paperwork which validates your monthly income, or your application will be considered incomplete. We require a tax form from the most recent year (plus current pay stubs for the month and child support), unemployment documentation, or TANF/SSI Statement and proof of residency. Please include any income received from child support as well.

Scholarship assistance will be determined by LGSA Board Members, on a case-by-case basis.

The benefit limits are as follows:

Full Scholarships for one Registration Fee for the current LGSA Softball season. Scholarships will not be carried over to the following Softball season.

One application/registration per household may be submitted. Registration periods are January 1 - March 9. Allow up to five business days for approval. You will be notified about the status of your application, whether denied or approved.

If program funds run out during the year, it is possible the scholarship program will need to be halted, and assistance for all will be denied until funding is renewed.

MONTHLY INCOME LIMITS

Household	50% Payment
2	\$1,035 - \$1,734
3	\$1,306 - \$2,188
4	\$1,576 - \$2,641
5	\$1,847 - \$3,095
6	\$2,117 - \$3,549
7	\$2,388 - \$4,003
8	\$2,659 - \$4,456
9	\$2,929 - \$4,910
10	\$3,200 - \$5,364

Example: if three people live in your household, the gross family monthly income must be less than \$2,188 in order to qualify for a scholarship.

Staff Use Only! Amount approved: (100% or 50%) _____ Income Verified & Type Submitted: _____
 Date Approved/Denied: _____ Approved/Denied By: _____ City Limits Verified: _____
 Scholarship denied reason: _____