



of South Dakota

**Deadline is April 1st. Only complete applications will be considered.** If you have any questions regarding this application, you may call (605) 366-3110. This form may be reproduced as needed. Funds are granted through USA Softball of South Dakota. The number and value of scholarships awarded each year will be determined by the USA Softball of South Dakota Executive Committee. Only winners will be notified and arrangement will be made for payment.

**ELIGIBILITY REQUIREMENTS**

The USA Softball of South Dakota Scholarship Program has been established to award scholarships to those who have participated in USA Softball of South Dakota & desire to further their education. These participants must have participated in the USA Softball of South Dakota sanctioned programs for at least 3 years as a player, coach, umpire, USA Softball of South Dakota official, or in a official capacity of a USA Softball of South Dakota sanctioned team or league..

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 also be granted to a family member of USA Softball of South Dakota member 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 is unable to attend college in the year of application, the awarded scholarship monies may be held for an additional year, after which time it may be re-deposited in the scholarship fund.

**PRINT or TYPE NAME** \_\_\_\_\_  
First Middle Last

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**PHONE** Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Email** \_\_\_\_\_ @ \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER** \_\_\_\_\_

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** \_\_\_\_\_

Application with reference letters must be returned to:

USA Softball of SD Junior Olympic Commissioner Carol Pipgras  
804 S. Garfield  
Sioux Falls, SD 57104  
[pip2125@sio.midco.net](mailto:pip2125@sio.midco.net)

**FAMILY INFORMATION**

Father's name \_\_\_\_\_

Occupation and place of employment \_\_\_\_\_

Involvement in Softball \_\_\_\_\_

Mother's name \_\_\_\_\_

Occupation and place of employment \_\_\_\_\_

Involvement in Softball \_\_\_\_\_

Number of children at home \_\_\_\_ Number of children in family \_\_\_\_ Number of siblings in college \_\_\_\_

**EDUCATION INFORMATION**

High school attended: \_\_\_\_\_ Year of Graduation \_\_\_\_\_

School planning to attend \_\_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_

School is: College \_\_\_\_ University \_\_\_\_ Vo-tech \_\_\_\_ Other \_\_\_\_

**ACTIVITIES AND AWARDS (Attach a separate list)**

**SOFTBALL INVOLVEMENT** If Played on youth team, circle the Y, adult team, circle the A, both, circle the B

Fastpitch Y A B What years involved \_\_\_\_\_ Team name \_\_\_\_\_

Slowpitch Y A B What years involved \_\_\_\_\_ Team name \_\_\_\_\_

Co-ed A Y What years involved \_\_\_\_\_ Team name \_\_\_\_\_

Umpire Y A B What years involved \_\_\_\_\_ What league \_\_\_\_\_

Coach Y What years involved \_\_\_\_\_ What league \_\_\_\_\_

Your coach's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Must have school counselor or principal fill in the following and attach a high school transcript.**

Class size \_\_\_\_\_ Your Rank \_\_\_\_\_ GPA \_\_\_\_\_ ACT or SAT score \_\_\_\_\_

School Official Signature \_\_\_\_\_

**PERSONAL STATEMENT**

On a separate sheet, in 300 words or less describe your personal, education & career goals, including data relating to your financial needs.

**RECOMMENDATIONS**

Attach 2 or more letters of recommendation (non-family) relating to your experience in one or more of the following: Community, Need, Personal Qualities, Scholastic Ability, and/or Softball Activities.

**You may be asked for a recent photo** If you are selected, this photo may be used by the USA Softball of South Dakota for any and/or all press releases concerning scholarships.