

General Scholarship Application



Fort Smith Youth Baseball and Softball | PO Box 11191 Fort Smith, AR 72917 | www.FortSmithYBS.com

Date _____

Explanation for Request: _____

Scholarship Use: Baseball _____ Softball _____

Child's Full Name _____ Child's Age _____ Child's Date of Birth _____

Parent / Guardian Name _____ Parent / Guardian Phone _____

Address: Street City / State Zip _____

How many people live in the household? _____ What is annual (gross) income? _____

Does child receive free or reduced meals at school? Yes / No

Circle the household size only

HOUSEHOLD SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$25,520	\$2,127	\$491
2	\$35,480	\$2,873	\$663
3	\$43,440	\$3,620	\$835
4	52,400	\$4,367	\$1,008
5	\$61,360	\$5,113	\$1,180
6	\$70,320	\$5,860	\$1,352
7	\$79,280	\$6,607	\$1,525
8	\$88,240	\$7,353	\$1,697
Each additional member add	+ \$8,960	+ \$746	+ \$172

By signing this form, I verify that the individual listed above is a United States citizen, and that the above information is true and accurate to the best of my knowledge. I hereby authorize the **FORT SMITH YOUTH BASEBALL & SOFTBALL organization**, to make any investigations and inquiries of my personal, employment, & financial matters to justify this request, and that any false statement given herein may lead to consequences regarding my child's ability to attend participate in organization activities.

Parent/Gaurdian signature

Staff Initials