



IGSA Scholarship Application Form

Please submit to:

IGSA
PO BOX 16592
Irvine, CA 92623-6592

CHILD'S NAME(S): _____

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ PHONE: _____

EMAIL: _____

PLAYING EXPERIENCE: _____

WHAT AMOUNT ARE YOU ABLE TO CONTRIBUTE TOWARD YOUR REGISTRATION FEE? \$25 \$50 \$75 \$100 \$125 OTHER:

*IF YOUR SCHOLARSHIP IS APPROVED YOU WILL NEED TO VOLUNTEER FOR IGSA IN THE AREAS LISTED BELOW (THE AMOUNT OF HOURS TO BE DETERMINED BY THE LEAGUE): OPENING DAY, SNACK BAR, T-SHIRT SALES

BRIEFLY DESCRIBE THE REASON(S) FOR ASSISTANCE REQUEST:

SIGNATURE:

DATE:

