

SALINAS BOBBY SOX  
COMMUNITY ENRICHMENT SCHOLARSHIP APPLICATION

DATE: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN APPLYING: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CHILD LIVES WITH:      \_\_\_\_\_ BOTH PARENTS  
                                     \_\_\_\_\_ MOTHER  
                                     \_\_\_\_\_ FATHER  
                                     \_\_\_\_\_ OTHER

REASON FOR APPLICATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER ACTIVITIES CHILD IS INVOLVED IN: \_\_\_\_\_

\_\_\_\_\_

CAN YOU DO A PAYMENT PLAN? \_\_\_\_\_

HAVE YOU RECEIVED A SCHOLARSHIP FROM SALINAS BOBBY SOX IN THE  
PAST? \_\_\_\_\_ HOW MANY TIMES? \_\_\_\_\_ WHEN: \_\_\_\_\_

I UNDERSTAND VOLUNTEER HOURS ARE A REQUIREMENT FOR SCHOLAR-  
SHIP. THIS MEANS BEING ON STAFF AND FIELD PREP DAYS \_\_\_\_\_  
INITIALS

POSITION YOU CAN VOLUNTEER FOR: \_\_\_\_\_  
CHOOSE ONE: MANAGER, COACH, CHAPERONE (REQUIRED).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

REGISTRATION # \_\_\_\_\_ DIVISION: \_\_\_\_\_ STATUS: \_\_\_\_\_

PARENT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_