

SMITHFIELD RECREATION ASSOCIATION
Nick Staha Scholarship Application
2024 SPRING SEASON



Please circle which division you are requesting for the scholarship:

SOFTBALL

BASEBALL

Athlete's Name: _____ Age: _____ Birthdate: _____

Address: _____

School Athlete Attends: _____ Grade: _____

Athlete lives with: Both Parents Mother Father Other

PARENT/GUARDIAN INFORMATION:

Total Household Annual Income: \$ _____ Do you own your home? **YES** **NO**

Father/Guardian Name: _____ Occupation: _____

Phone #: _____ Email: _____

Mother/Guardian Name: _____ Occupation: _____

Phone #: _____ Email: _____

Number of family members in the household: _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes Smithfield Recreation Association to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all the information on this form is true and correct and that I will comply with each of the "Requirement Checklist for Eligibility" items listed on the application instructions.

Parent/Guardian Signature

Date

PLEASE EMAIL COMPLETED FORM TO SMITHFIELDREC@GMAIL.COM (NICK STAHA COMMITTEE IN SUBJECT LINE) OR MAIL TO PO BOX 23 SMITHFIELD, VA 23431 ATTN: NICK STAHA COMMITTEE **BY THURSDAY, JANUARY 25TH.**