



This special memorial athlete assistance fund has been set-up by the parents of Chelsea Parker. A very special young lady who loved the game of Softball with a passion and who left this life much too soon.

[CLICK HERE](#) to read Chelseas Story written by her dad.

Ray and Michelle Parker along with Top Gun Sports would like to help young ladies who want to play softball and are unable to participate due to registration fees or team dues or for whatever reason. The assistance fund is set up for young ladies with the passion for playing the game of softball and who for whatever reason cannot afford to do so. This could be for a number of different reasons. Below are just a few that will be considered.

League Registration
Fees Tournament
Team fees
Needs new equipment (Glove, Bat, Cleats, Face Guard,
Etc.) Uniform Fees

If you know of a young girl who would really like to play and is unable to get on a team due to funding, a young girl who would like to play youth recreational league ball and doesn't have the money to pay for registration fees, or a young lady who is in need of new equipment and cannot afford to buy it please fill out the application and send to the address provided to be considered as a candidate in the Chelsea Parker Athlete Assistance Fund.

Top Gun Sports will donate \$25.00 per team that participates in the two annual Chelsea Parker Athlete Assistant fundraising tournaments and is dedicated to helping the Parkers ensure that all young girls have the opportunity to play the game of softball.

If you know of a young girl who may be a candidate for these Assistance funds, please fill out the form below and return to the address listed. The application will be reviewed and it will be determined if the need is worthy of help from the scholarship fund.

If you would like to donate to this fund, Please contact Ray Parker at 704-307-0250



Chelsea Parkers Athlete Assistance Fund Application

All applicants must supply the following information and submit to the address listed at the bottom of the page.

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____

Mother, Father or Guardian Name: _____

Telephone: _____ Email: _____

What are you applying for: _____

Example: Registration Fees, New Equipment, Team Fees, etc.

Tell us about your situation: _____

Tell us about yourself: _____

Why should you get a scholarship from this fund: _____

Please List 3 References:

1.

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Email: _____ Relationship: _____

2.

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Email: _____ Relationship: _____

3.

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____
Email: _____ Relationship: _____

I hereby declare that if I receive assistance from this fund that the funds will be used for what is specifically listed above and nothing other without written permission from the funds overseers.

Signature of Applicant: _____ Date: _____

Print above name: _____

Signature of Parent or Guardian: _____ Date: _____

Print above name: _____

Please return form to:

The Chelsea Parker Athlete Assistance Fund
C/O Ray and Michelle Parker
1201 Manor Oak Pl.
Concord, NC 28027