

## Terms and Conditions:

If the scholarship request is approved, the following terms and conditions will apply:

- Fill out 1 form for each individual player request.
- The scholarship covers the registration fees only for one season in all or in part.
- Parent or legal guardian agrees to "re-pay" the League through volunteering for Fund raising events, League functions and activities (for ex, helping with Opening Day or other activities, helping with teams, etc).
- The player **MUST** participate in any fundraiser, if one is being done for the same season. A minimum amount is to be sold for each player, which will be determined for each fundraiser.
- The player must meet all residency and proof of age requirements (all required documents must be verified either on registration day or prior to the skills evaluations - refer to the League Calendar for dates)
- An online registration form must be completed for the player - providing essential details including address and contact information .

# FLAGSTAFF LITTLE LEAGUE

## PLAYER REQUEST FOR SCHOLARSHIP

Flagstaff Little League will not deny any child a chance to play baseball due to financial hardship. Full or partial scholarships are available. Complete and return this form and the required information to FLL at:

**flag11baseball@gmail.com**

**To be eligible for a full and or partial scholarship, you must provide Flagstaff Little League the following:**

- An explanation of the financial hardship (please explain in the FINANCIAL HARDSHIP EXPLANATION section) supporting documents may also be requested.
- A copy of an approved Free and Reduced Price Schools Meals Application by the local school.
- Proof of age - - indicating that the player(s) meet(s) Little League requirements in order to play.

### **Contact Information:**

<b>Legal Guardian's Name:</b>	<b>Player:</b>	<b>Date of Birth:</b>
-------------------------------	----------------	-----------------------

**How much can you afford to pay: \_\_\_\_\_**

## Financial Hardship Explanation:

**I/We, as the Parent or Legal Guardian of the player named above, attest to the truth for the above information is true to the best of my/our knowledge.**

**Parent or Legal Guardian (Sign above line)**

### Date form signed

**-DO NOT WRITE BELOW THIS LINE-**

**DOB:**

## League Age:

## Division:

### **Prior Divisions Played:**

### Prior Scholarships:

<input type="checkbox"/>	<b>Full Scholarship Granted</b> Date: _____	<input type="checkbox"/>	<b>Partial Scholarship Granted</b> Date: _____	<input type="checkbox"/>	<b>Request Denied</b>
Amount \$:		Amount \$:			