

## 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:

**flagllbaseball@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:

Legal Guardian's Name:	Player:	Date of Birth:
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How much can you afford to pay: \_\_\_\_\_

### Financial Hardship Explanation:

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