



Parent's Name: _____

Phone Number: _____

Address: City and Zip: _____

E-mail: _____

Have you received scholarship assistance from us in the past? ___ Yes ___ No

How many children to register? _____

How much assistance is required? ___ Full scholarship ___ Partial scholarship

If this is for a partial scholarship, how much can you pay per player? ___ \$50 ___ \$75 ___ \$100 ___ more \$

All approved FULL or PARTIAL Scholarships require 4 hours (per child) of volunteer work during the season. What days or times are you available to volunteer? ___ Weekends ___ Weekday Evenings

IT IS THE MISSION OF WASILLA YOUTH BASEBALL THAT EVERY CHILD WHO WISHES TO PLAY BASEBALL, CAN PLAY BASEBALL AND TO NEVER TURN A CHILD AWAY DUE TO FINANCIAL HARDSHIP

Please indicate the reason for filing a hardship form with Wasilla Youth Baseball. This reasoning shall be valid, truthful and shall be explained below. WYB will keep both the information below and the scholarship request itself confidential.

Emailed completed application to registration@wasillayouthbaseball.com

OFFICE USE ONLY Payment Received \$ _____ Date Received _____ Number of Children _____ League President Signature of Approval _____
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