



**2019 SCHOLARSHIP REQUEST FORM**

Date of application: \_\_\_\_\_

Player Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is a payment plan an option? Yes or No (Circle One)

What is the maximum amount you can pay towards registration fee? \_\_\_\_\_

Do you receive or qualify for the Free and Reduced-price meals program through the school district?  
Yes or No (Circle One)

If awarded with a scholarship would you be willing to volunteer in some capacity? Yes or No (Circle One)

Please explain your request/circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our Financial Committee will review your application and determine if you qualify for an award. The committee will be taking into account whether or not your family qualifies for the Free or Reduced-price meal program. Please make sure all information is complete and correct. Any personal information that you are required to provide will be kept confidential.

CONSENT TO RELEASE INFORMATION I understand that my signature authorizes Duluth 709 Baseball to obtain verification of all the information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct. I understand that my child(ren)'s participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games. I agree to notify Duluth 709 Baseball of any change in my income or ability to pay. I am aware that assistance funds are awarded for a maximum of one year, after which time it is my responsibility to reapply.

Parent /Guardian (Print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_