



"It's All About the Kids"

FULL AND PARTIAL SCHOLARSHIP REQUEST FORM

Seneca Falls Community Little League (SFCLL) will not deny any child a chance to play baseball or softball due to financial hardship. Full or partial scholarships are available. All requests are confidential.

Complete this form, return it and submit the required information to:
 Seneca Falls Community Little League, PO Box 216, Seneca Falls, NY 13148 **OR**
 e-mail: sfll.secretary@gmail.com

To be eligible for a full or partial scholarship, you must provide Seneca Falls Community Little League with the following prior to the end of the regular registration period:

- An explanation of the financial hardship (please explain in the FINANCIAL HARDSHIP EXPLANATION section). Supporting documents may also be required.
- Proof of residency indicating that the player(s) reside(s) or attend(s) school within the Seneca Falls Little League boundary
- Proof of age indicating that the player(s) meet(s) Little League requirements in order to play in the Seneca Falls Little League (birth certificate)

PLAYER INFORMATION

Player Name(s)	Division(s)	How much can you afford to contribute?
		<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> Other _____

CONTACT INFORMATION

Legal Guardian Name		Daytime Phone
Street Address		Evening Phone
City	Zip Code	Email Address

FINANCIAL HARDSHIP EXPLANATION

I/We, as the Parent/Legal Guardian of the player(s) named above, attest to the truth of the above information to the best of my/our knowledge.

 Parent/Legal Guardian Signature

 Date

FOR SFCLL USE ONLY

Date Reviewed: _____ By: _____	<input type="checkbox"/> Full / Partial Scholarship granted Amount: \$ _____
--------------------------------	--

Request denied Reason: _____