



Saginaw Little League – P.O. Box 6206, Saginaw, MI 48608

Scholarship Request Form

Please be aware that scholarship funding can place a burden on the annual budget and can impact the league's ability to provide a fun and productive playing experience.

Please do not complete this form if you have the ability to pay the registration fees. Players must have the same address as the parent/guardian submitting the scholarship request form.

Name: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Address: _____

Player Name(s): _____

If able to pay a portion of the registration fees, please indicate that amount: _____

Explanation of Financial Hardship (Please include any information you wish the Scholarship Committee to consider)

I, as the parent or legal guardian of the player(s) named on this application, attest to the truth of the information provided.

Signature _____

Printed Name _____

FOR SAGINAW LITTLE LEAGUE BOARD USE ONLY

Full Scholarship Approved <input style="float: right;" type="checkbox"/>	Partial Scholarship Approved <input style="float: right;" type="checkbox"/>	Scholarship Denied <input style="float: right;" type="checkbox"/>
Amount: \$ _____	Amount: \$ _____	Please See Explanation Below

Explanation of denial of scholarship application:

President Signature _____ **Date** _____

Treasurer Signature _____ **Date** _____

Player Agent Signature _____ **Date** _____