

Terms and Conditions:

If the scholarship request is approved, the following terms and conditions will apply:

1. The scholarship covers the registration fees only for one season in all or in part.
2. 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, working the snack bar, helping with teams, etc)
3. The player **MUST** participate in the cookie dough sales which we as a League do for our fundraising efforts each season. A minimum of 6 tubs of cookie dough are to be sold for each player.
4. The player must meet all residence and proof age requirements (all required documents must be verified either on certification day or prior to the skills evaluations - refer to the League Calendar for dates)
5. A registration form must be completed for the player - providing essential details including address, contact information and medical authorization

WEST FLAGSTAFF LITTLE LEAGUE

PLAYER REQUEST FOR SCHOLARSHIP

West 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 WFL at WestFlagstaffLittleLeague@gmail.com

To be eligible for a full and or partial scholarship, you must provide West 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 residency – indicating that the player(s) reside(s) within the West Flagstaff boundary
- Proof of age - - indicating that the player(s) meet(s) Little League requirements in order to play in the WFL

Contact Information:

Legal Guardian's Name:	Player:	How much can you afford to pay:
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Financial Hardship Explanation:

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

Date

Date Reviewed:

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