



## CASCADE VISTA BASEBALL SCHOLARSHIP REQUEST

CVAC Baseball is committed to never declining a child a chance to play baseball due to financial hardship. Full or partial scholarships are available. **Complete and return this form along with required information to CVAC by emailing [president@cvac.org](mailto:president@cvac.org).**

### PLEASE PROVIDE:

1. An explanation of the financial hardship (below).
2. A copy of an approved, Free or Reduced Schools Application by the players school.

Legal Guardian Name \_\_\_\_\_

Players name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email address \_\_\_\_\_

I am requesting a:

- Full Scholarship
- Partial Scholarship

I can afford:

- \$30
- \$60
- \$100
- Other \_\_\_\_\_

Are you able to volunteer at concessions or assist with field maintenance in lieu of payment?

- Yes
- No

### FINANCIAL HARDSHIP EXPLANATION

*(please provide information on current financial constraints and any other information helpful to us understanding your hardship.)*

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

Date: \_\_\_\_\_

### Office Use Only

DATE RECEIVED _____	AMOUNT APPROVED _____	DATE APPROVED _____
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