



**Scholarship Request for Season (Year/Fall or Spring): \_\_\_\_\_**

Complete and return this form and the required information to Palm Harbor Little League no later than the established registration closing date for each Spring and/or Fall season. A form is required for each player. A scholarship committee from PHLL will meet and review all registration scholarship applications. Each applicant will be notified with a decision on your registration scholarship.

A minimum number of PHLL volunteer hours may be required for each child who receives a scholarship. This will be dependent on individual circumstances and level of player play. Volunteer hours may include but not limited to completing game pitch count, completing game player position logs, game scorekeeping, assisting manager with practice/games, umpiring games, etc.

Failure to fulfill volunteer shifts will impact ability to receive scholarships in future seasons. Receipt of scholarship in one season is not a guarantee of receipt in another season.

Registration scholarship eligibility requirements: (Applications will NOT be considered if any of the requested information is missing, inaccurate or non-legible).

To be considered for any level of scholarship, the legal guardian must provide PHLL the following information:

- Documentation showing proof of need (such as free or reduced school lunch, general relief, food stamps, Aid for Dependent Children, Foster Care, Medicaid, SSI, etc.)
- A detailed written explanation of your financial hardship (supporting documents may be requested)

**Contact Information: (Please Print)**

(Legal Guardian)

Parent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

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

**Player Information: (Please Print)**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I, as the Legal Guardian of the player named above, attest to the truth of the submitted information to the best of my knowledge including past or future league communications not found in this form.

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

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

Email the completed form with any support documents and comments to: [President@PalmHarboLittleLeague.com](mailto:President@PalmHarboLittleLeague.com)