

# SCHOLARSHIP REQUEST FORM

To: SHLL Board of Directors

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

My child \_\_\_\_\_ would like to play Baseball on a team with Spring Hill Little League. However, I am not able to pay the full registration fees currently.

My child is \_\_\_\_\_ years old and would be in the \_\_\_\_\_ division.

My hardship(s) are as follows:

\_\_\_\_\_  
\_\_\_\_\_

I would like to be considered for one of the following: (please check and fill out)

- I can pay the fee if I can make payments as follows:

1st Payment (to secure spot) of \_\_\_\_\_ today

2nd Payment of \_\_\_\_\_ to be paid on \_\_\_\_\_.

- 2. At this time, I am able to pay \$ \_\_\_\_\_ and would like the remaining balance to be paid by the scholarship fund. (Partial Scholarship)

- 3. I am requesting a Full scholarship.

- 4. If my application is approved, I can volunteer \_\_\_\_\_ hours to help with league activities. If possible, I would like to help with:

\_\_\_\_\_ League Umpire

\_\_\_\_\_ Concession worker

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Field Prep

\_\_\_\_\_ Tournament Helper

Please consider granting us a scholarship.

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Please print your name)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Please return to: SPRING HILL LITTLE LEAGUE----[INFO@SPRINGHILLLITTLELEAGUE.ORG](mailto:INFO@SPRINGHILLLITTLELEAGUE.ORG)

For Internal Use ONLY-----Approved by: \_\_\_\_\_

League President: \_\_\_\_\_ Date: \_\_\_\_\_