



**SALEM LITTLE LEAGUE APPLICATION FOR FINANCIAL ASSISTANCE**

The objective of Salem Little League is to provide the children of Salem, MA a safe place to play baseball or softball, and allow them to play without regard to race, gender, or ability to pay. Our goal is to have the players learn sportsmanship, respect for authority and develop friendships that last a lifetime.

Salem Little League, referred to herein as SLL, is an all-volunteer organization. SLL receives no public funds on an annual basis and has received funds only once to achieve better handicap accessibility. All of our expenses (which include but are not limited to charter fees, insurance, uniforms, equipment, balls, and umpire fees) are paid via the registration fees, donations, sponsorships and revenue from the snack shack at O’Grady Field at Forest River Park. Our commitment to all the children of our community is paramount and to that end the League does offer, subject to the discretion of the Board of Directors, financial assistance to children and families who need it.

Note: In most cases, scholarships are partial and will require the financial assistance applicant to sell raffle tickets in lieu of full payment.

**SECTION A – PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Parent/Guardian #2 Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

**SECTION B – HOUSEHOLD INFORMATION** - This information will be used to determine eligibility for all children in your family under 18 years of age. Please list all name(s), age(s), schools(s) of all children and whether they will play in SLL.

Child Name	Age	School	
1. _____	_____	_____	<input type="checkbox"/> Will Play SLL <input type="checkbox"/> Will not play SLL
2. _____	_____	_____	<input type="checkbox"/> Will Play SLL <input type="checkbox"/> Will not play SLL
3. _____	_____	_____	<input type="checkbox"/> Will Play SLL <input type="checkbox"/> Will not play SLL
4. _____	_____	_____	<input type="checkbox"/> Will Play SLL <input type="checkbox"/> Will not play SLL

Total Number of Adults in Household: \_\_\_\_\_ Total Number of Children: \_\_\_\_\_

**SECTION C** –If you have qualified for financial assistance from any of the government programs below, you may qualify for a partial scholarship. Attach any of the following documents for proof of eligibility for government financial assistance, or your latest Federal Tax Return Gross Income Page to confirm your AMI

Section 8 Housing Form  Free or Reduced School Lunch Program  SNAP (Supplemental Nutrition Assistance)

If you do NOT receive any of the above government assistance, please explain why you need financial aid:

\_\_\_\_\_



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SECTION D – Terms & Conditions of Financial Aid - If your financial aid request is approved, the following terms and conditions of aid will apply:

- 1. Financial aid is only awarded one season at a time. There is no automatic renewal or guarantee of future aid.
2. When financial assistance is granted, families will be asked to make a minimum payment that they are comfortable providing. This payment helps offset the cost of the player uniform, insurance, and shared team equipment used by the assisted player.
4. It is STRONGLY suggested that all families receiving financial assistance volunteer in one or more of various ways.
5. Players must meet all the residency and proof of age requirements to Little League Standards.
6. Registration must be completed in total prior to the deadline of March 1.
7. If terms and conditions are not met in full, the board can elect to retract aid for the current season and fees will become due.

SECTION E – SIGNATURE: Under penalty of perjury, I declare that all the information provided in this application is accurate and true. Additionally, I acknowledge the terms and conditions of the Financial Aid described above in Section D and declare I will follow the raffle ticket guidelines as outlined below should I be provided them.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

SLL USE ONLY

Raffle Ticket #s \_\_\_\_\_ were provided by \_\_\_\_\_ with SLL, to \_\_\_\_\_. They are to be sold at \$5 per ticket. Sold ticket stubs and the money collected by selling these tickets are due on \_\_\_\_\_, at which point, additional tickets will be provided and expected to be sold.
2nd set of tickets, Ticket #'s \_\_\_\_\_ provided \_\_\_\_/\_\_\_\_/\_\_\_\_, money and stubs due: \_\_\_\_/\_\_\_\_
3rd set of tickets, Ticket #'s \_\_\_\_\_ provided \_\_\_\_/\_\_\_\_/\_\_\_\_, money and stubs due: \_\_\_\_/\_\_\_\_
4th set of tickets, Ticket #'s \_\_\_\_\_ provided \_\_\_\_/\_\_\_\_/\_\_\_\_, money and stubs due: \_\_\_\_/\_\_\_\_