

CROWN COLONY BASEBALL SCHOLARSHIP APPLICATION

Player First Name _____ Player Last Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Grade _____ School Attending _____

Player Sex: ☐ Male ☐ Female Player Lives With: ☐ Father ☐ Mother ☐ Both

Father/Guardian _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Second Email Address _____

Mother/Guardian _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Second Email Address _____

Assistance will be granted primarily on the basis of financial need. Please list the following:

Income _____ Monthly Bills _____ What can you afford to pay? _____

Additional information that you would like to include for consideration:

I do hereby declare that the information provided is correct. I agree to provide additional documentation to verify need if requested. Further, I understand that my eligibility will be reviewed upon request of Crown Colony Baseball and assistance may be granted to the extent that funds are available. Failure to provide updated information will result in termination of my Scholarship. Assistance will be revoked if program payments are not made on time or if arrangements are not made. Participants are subject to all rules and guidelines as set forth by Crown Colony Baseball. Furthermore, should I receive a Scholarship/Financial Assistance I will not disclose to others the terms nor the amount. Disclosure of such will result in immediate revocation of assistance.

Your signature indicated that you have read and understand the information stated above.
All information will be kept confidential.

Date: _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____