



Ingram LITTLE LEAGUE



PLAYER REGISTRATION FEE SCHOLARSHIP APPLICATION

Scholarships are offered to help cover Ingram Little League player registration fees on a case-by-case basis and are subject to the Board of Director's approval. All information within your application will be kept confidential. We respect the time that goes into applying for a scholarship and we will make every effort to respond promptly and fairly to all requests. Your request form must be completed in full in order to be considered. Scholarship applications must be received before a player can begin practice or games.

The granting of scholarships is done by assessing the financial needs of the family requesting the scholarship. In order to apply for a scholarship, the player applicant must be currently enrolled in a public assistance program such as Free or Reduced Lunch, Supplemental Nutrition Assistance Program (SNAP, Food Stamps, Foster Care, Medicaid or SSI. I understand that if I am receiving Medicaid or SSI, I must submit proof that I am receiving these services.

In order to help defray the costs of a scholarship, the requesting player and parent/guardian must volunteer for at least two League needs. Please check below the two areas areas for which you will volunteer, complete a volunteer application and return to the league president.

Field Maintenance Cleaning Restrooms Coaching Asst. Scorekeeper Scoreboard Operator Other _____

PLAYER INFORMATION			
PLAYER NAME:			
	FIRST	MIDDLE	LAST
DATE OF BIRTH:			
	MONTH	DAY	YEAR
AGE:		GENDER: (circle one)	M / F
SCHOOL ATTENDING:	<input type="checkbox"/> Ingram	<input type="checkbox"/> Hunt	<input type="checkbox"/> Divide
	<input type="checkbox"/> Other (specify)		
PHYSICAL ADDRESS:			
	CITY	STATE	ZIP
PLAYER RESIDES WITH PARENT / GUARDIAN? (circle one)	Y / N		If No, provide Player Address
	CITY	STATE	ZIP
PARENT / GUARDIAN INFORMATION			
PARENT / GUARDIAN NAME:			
	FIRST	MIDDLE	LAST
CELL PHONE:		EMAIL ADDRESS:	
AMOUNT REQUESTED:	<input type="checkbox"/> Full <input type="checkbox"/> Partial		Amount you will pay -
PARENT / GUARDIAN SIGNATURE:		DATE:	
INGRAM LITTLE LEAGUE USE ONLY			
DATE REVIEWED BY ILL:		DATE PARENT / GUARDIAN NOTIFIED:	
BOARD ACTION:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		