



Scholarship Request Form

(Date)

My child _____ would like to play baseball/softball on a Stilly Valley Little League team. However, I am not able to pay the full registration fees at this time. He/She is league age _____. My circumstances are: _____

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

- 1. I can pay the fee if I can make payments as follows: _____
2. At this time, I am able to pay \$ _____ and would like the remaining balance to be paid by the scholarship fund.
a. I can, however, volunteer _____ hours to help with league activities. If possible, I would like to help with _____

Form with fields for Parent/Guardian Signature, Street Address, City, State, Zip, Email Address, and Telephone Numbers (home, cell, work).

Please return by email to: info@stillyvalleylittleleague.com or mail to: SVLL Scholarship Committee, PO Box 342, Arlington, WA 98223, Attention: League President

For Internal Use
Approved by: _____ (Date)