



CAPITOL LITTLE LEAGUE

FINANCIAL ASSISTANCE PROGRAM

OBJECTIVE

Capitol Little League provides an opportunity for all youth living in our boundaries to play baseball, regardless of financial circumstances.

Capitol Little League offers a financial assistance program whereby families in need of financial assistance may request aid towards the season registration fees.

All information and participation will be treated confidentially.

PRE-REQUISITES

- Submission and completion of a financial assistance form
- Demonstrated financial need
- Commitment to providing in-kind services that benefit Capitol Little League

CONSIDERATIONS

- Positive history with Capitol Little League (including this player and siblings)
- Amount/frequency of previous financial aid

CAPITOL LITTLE LEAGUE FINANCIAL ASSISTANCE APPLICATION FORM

Player information:

Last Name	First Name	Middle Initial	

Street Address	City	State	Zip code

Phone #	Gender	DOB	Age

Parent information:

Father's Name	Mother's Name

Address	Address

City, State Zip Code	City, State Zip Code

Email	



1. Scholarship Type: Full or Partial

2. Amount Requested \$_____

3. Description of hardship:

4. Has this player and/or any of the players siblings participated in CLL prior to this season. If so, please describe.

5. Has this player or a previous sibling received financial assistance in the past? If so, when and how much?

6. What type of in-kind volunteer activities would you be interested in providing? Team mom, concession stand, tournament organization/assistance, fieldwork

X

Parent signature

[Office use only]

Date submitted	Date approved	Amount	Approved by
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