



SVLL SCHOLARSHIP APPLICATION

The Sky Valley Little League strives to bring sport experiences to every child interested in participating. If the fees required to participate in Little League present a family hardship, the SVLL Board makes the following options available:

All scholarship applications must be submitted by March 1st 2017
If additional time is needed please contact Melinda Ulle at president@svll.org

Player 1 Information – Please Print Legibly			
First Name		Last Name	
Date of Birth		School Attending in Fall	
Returning		Team Last Year, If Applicable	
Player 2 Information – Please Print Legibly			
First Name		Last Name	
Date of Birth		School Attending in Fall	
Returning		Team Last Year, If Applicable	
Player 3 Information – Please Print Legibly			
First Name		Last Name	
Date of Birth		School Attending in Fall	
Returning		Team Last Year, If Applicable	

Parent Information – Please print legibly			
First Name		Last Name	
First Name		Last Name	
Mailing Address, City, Zip			
Phone		Alt Phone	
Email			



___ **Option 1 – Partial Scholarship** (open to households receiving Public Assistance):
or

___ **Option 2 – Full Scholarship** (limited openings to households below the Federal poverty level):

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Counting yourself, how many people are live in your home? _____
2. How many children live with you? _____
3. What is your monthly income before taxes from all sources? _____
4. Does your household receive State or Federal assistance? If so, please specify _____
5. Please indicate any extenuating circumstances we should consider. (Use the back if need more room.)

6. Would you be willing to support the league as a volunteer?

Applicant Signature _____

Date _____

Scholarship Committee Approved: Circle one (YES or NO)

Date _____

Board Title _____

Name _____