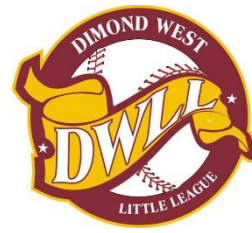


Dimond West Little League Scholarship Application Form



Player(s) Name: _____ Division/Age: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Parent/Guardian's Employer(s) _____

Contact Phone Number: _____ Contact Phone Number: _____

Email Address: _____

Player's Physical Address: _____

Number of children living in the household: _____

Number of children playing for DWLL: _____

Number of years family has been affiliated with DWLL: _____

Number of children playing competitive sports: _____

Total Household Income: _____
(all sources, prior to taxes)

Circle One: Yearly Monthly

Is anyone in the household receiving the following assistance (please circle):

Medicaid/Medicare Food Stamps Child Support Reduced Lunch Denali Kid Care Unemployment

Dimond West Little League asks the families of scholarship recipients to assist the league by volunteering time to the league during the regular season and the All-Star season in exchange for their scholarship. Below are some of the volunteer positions available, please circle all areas you are willing to volunteer time:

* Concessions * Umpiring * Field Prep *Score Keeping *Pitch Counter

All scholarship requests should be submitted to the DWLL Secretary, dimondwest@gmail.org, or to the DWLL President, jessieandchad@yahoo.com. Scholarship information is only discussed and known between the Requestor and the Dimond West Little League board members. Please contact either of the above-named officers for help or questions regarding your request.

**Dimond West Little League
Scholarship Application Form
Page 2**

Player(s) Name: _____ Division/Age: _____

Type of Scholarship Request:

Partial: _____

If partial, what are you able to pay: \$ _____

Payment Plan: _____

If Payment Plan, please fill in the timeline with dates and amounts for payment plan. If unsure of your total DWLL costs, please use % instead of dollar breakdown.

1st Pmt: _____, 2018, in the amount of \$ _____

2nd Pmt: _____, 2018, in the amount of \$ _____

3rd Pmt: _____, 2018, in the amount of \$ _____

4th Pmt: _____, 2018, in the amount of \$ _____

- Please note, all payments must be made before the end of the fiscal year, September 30, 2018

Requestor Printed Name: _____

Signature: _____ Date: _____

DWLL USE ONLY

Approve Partial \$ _____

Approve Payment Plan _____

Arrangements/notes: _____

Signature: _____ Date: _____