



Rosemont Little League Financial Assistance Application

At Rosemont Little League, we believe every child deserves the chance to play baseball, regardless of financial circumstances. If your family is experiencing financial hardship, please complete this form to request reduced registration fees, waiver of the volunteer fee, or full scholarship. This form must be submitted to the Player Agent (player.agent.rll2025@gmail.com) before registering your player(s). All applications will be reviewed confidentially by the Board, and no child will be denied the opportunity to participate.

Parent/Guardian Information

- **Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Home Address:** _____

Player Information

- **Player Name:** _____
- **Date of Birth:** _____
- **Division (T-Ball, Farm, Minors, Majors, 50/70):** _____

Request Type

Please check all that apply:

- ☐ Request **Reduced Registration Fee**
- ☐ Request **Waiver of Volunteer Fee**
- ☐ Request **Full Registration Scholarship**

Reason for Request

Please briefly describe why you're requesting assistance:

Willingness to Volunteer

If fees are reduced or waived, would you be willing to support the league in one of the following ways?

- ☐ Work snack bar shifts
- ☐ Assist with field maintenance
- ☐ Other (please specify): _____

Agreement

By submitting this application, I understand that:

- The Rosemont Little League Board will review my request and determine the best path forward.
- All information will be kept confidential.
- I may be contacted for follow-up or to discuss volunteer opportunities.

Signature: _____

Date: _____