

# Granite Falls Little League

## Scholarship Request Form



Terms: Granite Falls Little League requires scholarship applicants to volunteer 10 hours of time per child on scholarship within the League. These hours are in addition to the two volunteer hours requested for each family in the league. Each family is responsible to pay the \$25 Volunteer Buyout Fee regardless of receipt of a scholarship. At the completion of 12 volunteer hours the Volunteer Buyout Fee would be eligible for refund per Volunteer Buyout Fee Policy.

By completing and returning this form you agree to the terms set forth above.

<b>Parent(s)/Guardian(s) Name:</b> _____	
Mailing Address: _____	
Physical Address: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email Address: _____
Employer Name: _____	
Employer Address: _____	
Player Name: _____	Players Age: _____
Player Name: _____	Players Age: _____
Player Name: _____	Players Age: _____

Type of Scholarship Requesting:	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%	<input type="checkbox"/> 75%	<input type="checkbox"/> 100%	<input type="checkbox"/> \$_____
Circumstances for request:	_____				
	_____				
	_____				

Please check an area or areas you would like to volunteer your time.

<input type="checkbox"/> BOARD OF DIRECTORS	<input type="checkbox"/> COACH	<input type="checkbox"/> ASSISTANT COACH	<input type="checkbox"/> SCOREKEEPER	<input type="checkbox"/> TEAM PARENT
<input type="checkbox"/> CONCESSIONS	<input type="checkbox"/> UMPIRE	<input type="checkbox"/> FIELD MAINTENANCE	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> EQUIPMENT
<input type="checkbox"/> JAMBOREE	<input type="checkbox"/> AUCTION	<input type="checkbox"/> FLYER DISTRIBUTION	<input type="checkbox"/> UNIFORMS	<input type="checkbox"/> INVENTORY
<input type="checkbox"/> SPECIAL PROJECTS	<input type="checkbox"/> TOURNAMENT	<input type="checkbox"/> BATHROOMS		

Special talents that could be helpful to the Little League? Please Describe.

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

Parent or Guardian Signature

**Thank You,  
Granite Falls Little League Board of Directors**

(League use only)

Accepted \_\_\_ Denied \_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Cost of Scholarship: \$ \_\_\_\_\_

Type of Scholarship \_\_\_ Full \_\_\_ Partial Where / Hours Volunteered: \_\_\_\_\_

Treasurer \_\_\_\_\_ President \_\_\_\_\_