



Capitol Little League Scholarship Application

Capitol Little League wants to bring the baseball experience to every child interested in participating. If the fees required to participate in Little League create a family hardship, **Partial or Full scholarships** are available based on family circumstances as explained in this application. We ask that parents cover the cost of the player uniform \$50 per player IF at all possible as the league supplies a full uniform to each player.

Scholarship requests must be received **by February 17**. Complete form and email to president@capitollittleleague.org or cllgies2@comcast.net

Player One Information			
First Name		Last Name	
Date of Birth		School Attending	
Division requested		Coach/Team Last Year	
Jersey size	Pant size	Hat size	Jersey #
Place with other players			
Player Two Information			
First Name		Last Name	
Date of Birth		School Attending	
Division requested		Coach/Team Last Year	
Jersey size	Pant size	Hat size	Jersey #
Place with other players			
Player Three Information			
First Name		Last Name	
Date of Birth		School Attending	
Division requested		Coach/Team Last Year	
Jersey size	Pant size	Hat size	Jersey #
Place with other players			
Emergency Contact Information			
First Name		Last Name	
Physical Address			
Phone/s		Email	
Player One allergies or other medical conditions:			
Player Two allergies or other medical conditions:			
Player Three allergies or other medical conditions:			

Parent Information	
First Name	Last Name
Physical Address	
Phone/s	Email
Basis for request:	
How much can you pay?	Can you make payments?
Signature:	Date:

Those receiving scholarship assistance may be requested to volunteer time for field maintenance, umpire or other league activities if they are physically capable of doing so.

Approved Not Approved

Board Member _____

Date _____