



Scholarship Application

Mother's name: _____

Phone Number: _____

Father's name: _____

Phone number: _____

Address: _____

Place(s) of employment: _____

Employer Contact person and phone number: _____

Annual Family income: _____

Do you qualify for the school discount lunch program? _____

Name of player(s) and age(s): _____

Name of school: _____

Previous player experience and where played: _____

Has a scholarship been requested previously through Macedonia Baseball? _____

Requesting full or partial scholarship, if partial, how much can you pay towards registration fee? _____

Reason for scholarship request: _____

Scholarship Rules

1. The scholarship covers registration and uniform fees only. It does not cover the player's equipment, accessories, pictures, festival admission or any other optional event.
2. Parent or guardian agrees to "re-pay" the league through volunteer work. The parent or guardian agrees to volunteer in the concession stand one hour for every \$10. (\$150 scholarship = 15 hours)
3. Player must meet all residence and proof of age requirements.
4. Official registration form must be completed for the player, including medical information.
5. Scholarship is reviewed by Scholarship committee and will be kept confidential.