



## Santa Clara Westside Little League - Financial Aid Request Form

Parent Name(s): \_\_\_\_\_  
(Please list all)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Player(s) school name: \_\_\_\_\_

- 1) Please indicate family annual income: ☐ Between \$35,000 – \$55,000 ☐ Between \$55,000 – \$75,000  
☐ Between \$75,000 – \$95,000 ☐ Over \$95,000

2) Please list the number of dependents in household: \_\_\_\_\_

3) Does your family qualify for the “reduced” school lunch program? ☐ Yes ☐ No

4) What supporting documentation can you provide to support your financial aid request? (e.g. SNAP, WIC, Medi-cal enrollment. Please attach) \_\_\_\_\_

5) How much can you afford to pay? \_\_\_\_\_

6) Please list the name of the player(s).  
*(Note: Families with multiple players will only be considered for partial aid)*

Program: ☐ T Ball ☐ Rookie ☐ Farm ☐ Minors ☐ Majors ☐ Juniors

Player Name(s): \_\_\_\_\_

Program: ☐ T Ball ☐ Rookie ☐ Farm ☐ Minors ☐ Majors ☐ Juniors

Player Name(s): \_\_\_\_\_

Program: ☐ T Ball ☐ Rookie ☐ Farm ☐ Minors ☐ Majors ☐ Juniors

Player Name(s): \_\_\_\_\_

7) I understand that there are additional volunteer obligations required for scholarship recipients. If these obligations are not met, a balance for full registration costs will be added to your account. Failure to comply with requirements or settle your balance will result in your player's inability to participate in any post season teams or register for future seasons: \_\_\_\_\_  
(please initial)

8) I understand that failure to complete additional volunteer obligations will result in denial of any future scholarship opportunities until obligations are met: \_\_\_\_\_  
(please initial)

9) I have attached the required financial documents in order for my application to be processed by the scholarship committee: \_\_\_\_\_  
(please initial)

10) Please attach any additional information pertaining to the need of financial aid.

**\*\*Please note: Families with multiple players will only be considered for partial aid. Aid will be distributed based on need when comparing all applicants. \*\***

Please remit form and supporting documents to:  
**Santa Clara Westside Little League - [info@scwestside.com](mailto:info@scwestside.com)**