



Santa Clara Westside Little League

Financial Aid Request Form

Parent Name(s): _____

Address: _____

Phone Number: _____ Email: _____

1) Please indicate family annual income: Between \$25,000 – \$35,000 Between \$35,000– \$45,000
 Between \$45,000 – \$55,000 Over \$55,000

2) Please list the number of dependents in household: _____

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

4) How much can you afford to pay? _____

5) Please list the name of the applicant.

(Note: Families with multiple players will only be considered for partial aid)

Program: T Ball Rookie Farm Minors Majors Juniors

Player Name: _____

Program: T Ball Rookie Farm Minors Majors Juniors

Player Name: _____

Program: T Ball Rookie Farm Minors Majors Juniors

Player Name: _____

6) I understand that there are additional volunteer obligations required for scholarship recipients: _____
(please initial)

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

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

9) 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

PO Box 284

Santa Clara Ca 95050

Or via email to: info@scwestside.com