ARAPAHOE LITTLE LEAGUE

Full and Partial Scholarship Request Form

Arapahoe Little League (ALL) vor partial scholarships are avai League. (e-mail: arapahoell@gm	able. Complete and return							
SCHOLARSHIP ELIGIBILITY	REQUIREMENTS							
To be eligible for a full and/or		ust pro	ovide ALL the followin	g:				
supporting docume	e financial hardship (pleas nts may also be requested. red Free and Reduced Pric							
	ed Free and Reduced Fricting indicating that the player(s		* *	-		di Suliuui.	•	
Proof of age indi	cating that the player(s) me	et(s) l	Little League requiren	nents in	ord	ler to play	in ALL	
CONTACT INFORMATION								
Legal Guardian's Last Name	Legal Guardian's First Name		Player		Т	How much can you afford to pay?		
Tune.	The state of the s							
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Home Address		City			State Zip		Zip	
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Daytime Phone Ev	vening Phone	Mobile Phone		E-mail Address				
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FINANCIAL HARDSHIP EXP	ANATION							
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	f the player(s) named above, attest to the	e truth for the above information to the best
of My/Our knowledge. Parent or Legal Guardian Signature	Date	
	FOR ALL USE ONLY	
Date Reviewed:		
Full Scholarship Granted	Partial Scholarship Granted	Request Denied
Amount: \$	Amount: \$	Contact arapahoell@gmail.com