



SMITHFIELD LITTLE LEAGUE

Having Fun in the Sun Since 1951



Full and Partial Fee Scholarship Application

Smithfield Little League will not deny any child a chance to play baseball due to financial hardship. Complete and return this application with required information to:

Email to
smithfieldlittleleague@gmail.com

Shane Moore
15 Peace Pipe Trail
Smithfield, RI 02917

SCHOLARSHIP ELIGIBILITY REQUIREMENTS

To be eligible for a full and/or partial scholarship, you must provide Smithfield Little League the following:

- Completed **Fee Scholarship Application** with an explanation of the financial hardship;
- Completed **Volunteer BCI** – the league expects “re-payment” by Parent volunteering 5hrs of time;
- **Proof of residency** – indicating that the player(s) reside(s) within the Town of Smithfield boundary;
- **Proof of age** - indicating that the player(s) meet(s) Little League requirements.

Contact Information

Parent/Guardian Last Name	Parent/Guardian First Name	Player Name(s)

Home Address	City	State	Zip

Daytime Phone	Evening Phone	Mobile Phone	Email Address

FINANCIAL HARDSHIP EXPLANATION

FINANCIAL HARDSHIP EXPLANATION continued

I, as the Parent or Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of my knowledge.

Parent or Legal Guardian Signature

Date

All information contained within this application is strictly confidential and access will be limited only to Members of the Smithfield Little League Board of Directors. You will confirmation of receipt within 5 Days from the Smithfield Little League Player Agent.

FOR SLL USE ONLY

Date Reviewed:

<input type="checkbox"/> Full Scholarship	<input type="checkbox"/> Partial Scholarship	<input type="checkbox"/> Scholarship Denied
Amount:	Amount:	