**Oviedo Little League - Scholarship Request Form**

http://www.oviedolittleleague.com

Oviedo Little League, being a non-profit organization chartered by Little League International, operates as a volunteer organization. Scholarships may be applied for within the league. Partial payment and Evidence of Financial Hardship will be considered for each individual application. It is the intent that all children have the right to play Little League Baseball and financial responsibilities should not be the reason for a child not to participate.

To be eligible for a partial or full scholarship, you will need to provide Oviedo Little League the following information:

1. A completed medical release form available on the Oviedo Little League website under Registration. http://www.oviedolittleleague.com

1. Contact information as requested below.

1. Evidence of financial hardship. Please use the Financial Hardship Explanation section of this form to explain. Additional supporting documentation may also be requested. The explanation should address details of specific and legitimate hardship.

\*\*A copy of an approved Application for Meal Benefits (Free and Reduced lunch program) by the local school is legitimate evidence.

1. \*\*Proof of residency – indicating that the player(s) reside(s) within the OLL boundaries

1. \*\*Proof of age – indicating that the player(s) meet(s) the Little League requirements in order to play in the OLL

\*\* Meal benefit approval, utility bill, birth certificate or other forms should be scanned and emailed (along with this application) as attachments to bnolan@nolancapitaladvisors.com Mailed copies can be sent to:

Oviedo Little League

P.O. Box 620935

Oviedo, FL 32762

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**Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Guardian’s Last Name** | **Legal Guardian’s First Name** | **Player(s) first and last name(s)** | **How much can you afford to pay per player?** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Player’s Gender** | **Player’s Age** | **Player’s Division preference**  **(Ex: Boys Major baseball)** | **Parent / Guardian ability to volunteer (Yes or No)** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Daytime Phone** | **Evening Phone** | **Mobile Phone** | **Email address** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Address** | **City** | **State** | **Zip Code** |
|  |  |  |  |

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**Financial Hardship Explanation:**

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| --- |
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The Otsego Little League expects that the information provided by the applicant is honest and forthcoming. Decisions made by the OLL Scholarship committee are not discriminatory in any way.

# Oviedo Little League Use Only below this box

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Reviewed** | **Full Scholarship Amount Granted** | **Partial Scholarship Amount Granted** | **Denial Rationale** |
|  |  |  |  |