



## Scottsdale Cal Ripken Youth Baseball Scholarship Application

This form will be used to assist the SCR Executive Board in awarding scholarship aid to SCR players/families for the current SCR season. In order to be considered for a scholarship, complete all sections below and submit the form prior to the registration deadline.

Email the completed form to [mjohnson@scottsdalecalripken.com](mailto:mjohnson@scottsdalecalripken.com). All scholarship requests/information will be kept strictly confidential by the Scottsdale Cal Ripken Executive Board.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Explanation of request for scholarship aid (examples include financial, domestic situation, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Season (circle one)** Year: \_\_\_\_\_  
Spring League                      Fall League                      Summer League

**Division(s):**  
T-Ball                      Rookie AA (Coach Pitch)                      Rookie AAA (Machine Pitch)  
8U (Kid Pitch)                      Minors                      Majors

**Children Participating in SCR:**

Child's Name (1) \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name (2) \_\_\_\_\_ Age: \_\_\_\_\_

**Authorizations and Acknowledgements (read before signing):**

By signing below, I certify that all of the information on this form is complete and correct. I understand that purposely giving false or misleading information may result in the forfeiture of scholarship aid.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**