



# GASTINEAU CHANNEL LITTLE LEAGUE SCHOLARSHIP REQUEST FORM



To: Gastineau Channel Little League Board of Directors \_\_\_\_\_  
Scholarship Committee (Date)

My child \_\_\_\_\_ would like to play baseball on a Gastineau Channel Little League team; however, I am not able to pay the full registration fees at this time. He/she is league age \_\_\_\_\_.  
(Age as of 4/30/2008 for Baseball and 12/31/2007 for Softball)

My circumstances are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to be considered for one of the following (Please check and fill out):

1. I can pay the fee if I can make payments as follows: \_\_\_\_\_

2. At this time I am able to pay \$ \_\_\_\_\_ and would like the remaining balance to be paid by the scholarship fund.

a. I can however, volunteer \_\_\_\_\_ hrs. to help with league activities. Call me to work out the details. If possible, I would like to \_\_\_\_\_  
\_\_\_\_\_.

b. Unfortunately, my circumstances do not allow me time to volunteer .

Please consider granting us a scholarship.

\_\_\_\_\_  
(Parent/Guardian Signature) (Please print your name)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip) (Telephone Number)

Please return to: **Gastineau Channel Little League  
Scholarship Committee  
PO Box 33694  
Juneau, AK 99803-3694**

*FOR INTERNAL USE*

Approved By: \_\_\_\_\_  
(League President) (Date)