



Scholarship Application

Mail to: Seattle Select Scholarship Committee
PO Box 33784
Seattle WA, 98133

Player's Name:

Current Season Team:

Current Season Coach:

Amount requested:

Are you applying for additional family members? If yes, include information below.

Player Name	Birthdate	Team	Coach	Amount Requested
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are any of these players eligible for the Free or Reduced Price School Lunch Program?

YES NO

If yes, please provide a copy of the eligibility letter for each player.

Parent/Guardian #1 requesting financial aid:

Address:

City Zip Code

Home Phone Cell Phone

Email:

Marital status: married single divorced widowed

Household Size Currently Employed: YES NO

Current Monthly Household Income:

Other monthly income: (include child support, alimony or unemployment benefits)

Okay to send correspondence by email? YES NO

Parent/Guardian # 2:

Address:

City Zip Code

Home Phone Cell Phone

Email:

Currently Employed: YES NO

Okay to send correspondence by email? YES NO

Scholarship criteria:

In order to be eligible for low income scholarship assistance, the applicant's family must meet the government's low-income household criteria as listed below. The schedule is based on the National Free Lunch program.

Household Size	Gross Annual	Gross Monthly	Gross Weekly
1	\$21,257.00	\$1,772.00	\$409.00
2	\$28,694.00	\$2,392.00	\$552.00
3	\$36,131	\$3,011.00	\$695.00
4	\$43,568.00	\$3,631.00	\$838.00
5	\$51,005.00	\$4,251.00	\$981.00
6	\$58,442.00	\$4,871.00	\$1,124.00
Each Additional	\$7,437.00	\$620.00	\$144.00

Applicants must provide one of the following verifying documents for eligibility: Free School Lunch Program, Welfare Coupons, Childcare Assistance, Food Stamp Program, Medicaid, Aid For Dependent Children, or top two pages of most recent year's 1040 tax return.

Applicants not meeting the financial above requirements:

Please submit proof of income through one or more supporting documents: top two pages of most recent year's 1040 tax return, current paystub or other documentation to verify your income. Please also attach a statement of any additional information or extenuating circumstances the Scholarship committee should consider.

I do hereby grant Seattle Select Baseball Club Scholarship Committee permission to discuss my scholarship application. I do hereby certify under penalty of perjury, that the information provided by me/us on this application, and all supporting documentation, is true and correct and accurately portrays our financial need. I understand that deliberate misrepresentation may subject me to prosecution under applicable law, and may deprive deserving players of assistance. I/we pledge to inform the club and surrender further financial aid if our need is reduced at some point during the seasonal year. If awarded partial assistance, I agree to pay all remaining balances owing for registration and uniform costs.

Signed: _____

Date: _____

Printed Name: