

Lakewood Baseball Club Scholarship & Equipment Assistance Application

Family & Player Information

Parent / Guardian Name(s):

Player's Full Name:

Player's Birthdate:

Home Address:

Email Address:

Phone Number:

Financial Assistance Request

Assistance Needed (\$):

Able to Pay Today (\$):

Why does your family need a scholarship?

Public Assistance:

WIC

Medicaid

Housing

SNAP/EBT

Other:

Equipment Needed:

Household Information

Number in Household:

Gross Monthly Income (\$):

Monthly Obligations (\$):

Certification

Signature:

Date: