



## Redwood City Girls Softball League

### 2012 FINANCIAL ASSISTANCE REQUEST FORM

The Redwood City Girls Softball League will not deny any child a chance to play softball due to financial hardship. Full and partial scholarships are available. **Complete, sign and return this form and the supporting documentation:**

**By email to:** [scholarships@rcgsl.org](mailto:scholarships@rcgsl.org)  
**By fax to:** (650) 241-3504  
**By mail:** **Redwood City Girls Softball League**  
**Attn: Financial Scholarships**  
**P. O. Box 717**  
**Redwood City, CA 94064**

#### SCHOLARSHIP ELIGIBILITY REQUIREMENTS

To be eligible for a full or partial scholarship, you must provide RCGSL the following:

\_ A copy of an approved Free or Reduced Price Schools Meals Application by the local school

**and/or**

\_ An explanation of the financial hardship (please explain in the FINANCIAL HARDSHIP EXPLANATION section) – supporting documents may also be requested

\_ Proof of residency – indicating that the player(s) reside(s) within Redwood City.

#### CONTACT INFORMATION

Player's full name	Player's birth date	Legal guardian's full name

Guardian's email address	Guardian's home phone	Guardian's cell phone

Street address	City	State and zip code

#### FINANCIAL HARDSHIP EXPLANATION

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## SCHOLARSHIP APPLICATION

- We will pay a reduced fee of \$40/player and are applying for a scholarship for the balance of the registration fee
- We are unable to pay \$40 and are applying for a full scholarship

Note that apparel purchases such as sweatshirts are not covered by scholarships.

## VOLUNTEERING

The player(s)'s family agrees to commit to volunteering a specific number of hours during the RCGSL 2012 spring season. This could be satisfied through coaching, team management, snack shack, field preparation, or food and apparel sales. Families who don't complete their commitment could lose eligibility for financial assistance the following year.

I/We, as the Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of My/Our knowledge.

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR RCGSL USE ONLY</b>		
DATE REVIEWED	REQUEST DENIED (explain)	REQUEST APPROVED (amount)