



SOUTH SUNRISE LITTLE LEAGUE FINANCIAL AID REQUEST

South Sunrise Little League believes that every child in our area should have the opportunity to play baseball, regardless of the ability to pay. Nevertheless, SSLL is a non-profit organization operated 100% by volunteers, with real costs associated with running the league. That said, in addition to the normal four (4) required volunteer points, each financial aid recipient will be asked to fulfill an additional one (1) volunteer point per \$50 in financial aid granted.

Player's Name(s) _____ Date of Birth _____

Parent/Guardian's Name _____ Phone # _____

Address, City, St, Zip _____

Email Address _____ # of Years at SSLL _____

Does your family qualify for free or reduced meals at school? (Select one):

_____ Reduced lunch

_____ Free lunch

_____ No, but there are other circumstances why my child(ren) need(s) financial aid

Briefly explain why your family requires financial aid:

Has your family received financial aid from SSLL before? Yes / No

I am requesting the following amount of financial aid \$ _____

Read the statements below and initial each line certifying that you have read and agree:

_____ I understand that financial aid funds are limited and no one is entitled to financial aid

_____ I understand that financial aid is for regular season registration fees only. Additional fees may be required for team-level expenses, personal equipment, All-Star fees, etc.

_____ I understand that there is a minimum-required \$75 league registration fee per player.

_____ I understand that I will be required to fulfill one (1) ADDITIONAL volunteer point per \$50 granted to me and if I am unable to meet my volunteer obligations I must attend a meeting with the league's Executive Committee to explain my circumstance and may not be considered for future financial aid.

_____ I understand that my child(ren) will not be assigned to a team or receive their uniform until my financial aid request is approved by the league's Executive Committee.

_____ I certify that the above information on this financial aid application is true

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Please return this completed form to president@southsunrise.com

SSLL use only. Do not fill out this form

Grant application received date: _____ ***Grant application approved? Yes / No***

Amount granted: _____ ***Addl Volunteer Points Required:*** _____

Volunteer Assignment Details: _____

Reviewed and Approved by: _____

Grant Approval Date: _____

SSLL Officer Signature/Print: _____