

Northshore Little League Financial Hardship Application



GENERAL INFORMATION

Today's Date: _____

Guardian Name: _____ Relationship to player: _____

Address: _____

(Address, City, State, Zip)

Phone: _____ Email: _____

Circumstances for request: _____

Additional comments: _____

PLAYER INFORMATION

Player One Name: _____

Birthday: _____ League age: _____

League: _____

Registration Fee request:

☐ Full Scholarship ☐ Partial Scholarship If partial, what amount can you afford to pay: _____

Other request: _____

Player Two Name: _____

Birthday: _____ League age: _____

League: _____

Registration Fee request:

☐ Full Scholarship ☐ Partial Scholarship If partial, what amount can you afford to pay: _____

Other request: _____

Email this form to: president@northshorell.com

Is it okay for us to share your financial hardship with your child's coach?

Yes ☐ No ☐