Seattle Select Baseball Club Scholarship Application

OVERVIEW

Seattle Select Baseball Club (SSBC) provides scholarships for registration fees to children, who without financial assistance would be unable to participate in SSBC baseball programs. SSBC is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system. **SSBC does not discriminate on the basis of race, color, national origin, sex or disability in its program and activities.**

ELIGIBILITY

Requirements for eligibility:

- Athletes must be of eligible age to play for a SSBC team
- Parents/Guardians commit that the athlete will attend a minimum of **95% of all scheduled practices, games, and tournaments**
- Parents/Guardians agree to volunteer **20 hours**, per scholarship recipient, per family per calendar year. Hours will support SSBC related activities and must be completed no later than 1 month prior to the end of your team's last tournament.

QUALIFICATIONS

Please provide one of the following documents required to help SSBC determine qualifications. Scholarship consideration will be given to families that meet the following criteria:

1. Provide a copy of your IRS form 1040 from the recent tax year, OR
2. Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. and can provide written documentation of participation in these programs, OR
3. Provide recommendation by school representative, social worker, youth community center workers or other social service representative, OR
4. Provide a written statement of immediate financial hardship explaining the current situation. SSBC recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in a SSBC Sports Program. In these instances, the SSBC scholarship board will consider the financial hardship statement to determine scholarship eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.

- Complete the application process and read and sign the Terms and Conditions statement.

Incomplete applications will automatically be denied.

PROCEDURE
Scholarship requests must be submitted to SSBC within one week of registration.

A parent, guardian, or head of household must complete the application, with all requested information provided. All items on the Scholarship Terms and Conditions must be initialed and the form must be signed and dated.

Incomplete or late applications have the option to be denied.

As indicated above, <u>one</u> of the following must be included to be considered for scholarship:

- Income documentation (i.e. previous year tax returns, current paystubs)
- State or Federal assistance documentation
- Letter from school, social worker, youth community center worker, or other social services representative
- Letter of hardship

The SSBC Scholarship Committee will consider all scholarship applications completed with all necessary documentation and received by the deadline.

The amount of the scholarship awarded (if any) may be a partial or full scholarship depending on the number applicants, and amount of scholarship funds available.

The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

Approval of a registration scholarship does not register the participant in the activity. Athlete must still register online for the SSBC season for which the scholarship was awarded.

Seattle Select Scholarship Application Terms and Conditions

"I", "me" and "my" refer to the adult scholarship applicant.

_____ 1. By signing this form, I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.

_____2. By signing this form, I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

_____3. I understand that members of the Seattle Select Board of Directors consider each scholarship application on a case-by-case basis.

_____4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.

_____5. I understand that I am responsible for any basic equipment and uniforms for my child's participation.

_____6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient, rather directly deducted from my overall player's fees.

_____7. I understand that if any information provided during the scholarship application is deemed inaccurate, Seattle Select may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to Seattle Select the full value of any scholarship awarded.

_____8. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 8 hours, per scholarship recipient, with a maximum of 20 hours required per calendar year. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for 12 months.

_____9. I understand it is my responsibility to ensure my child(-ren) attend 95% of all scheduled practices, games, and tournaments.

_____10. This application is considered private and will not be shared with anyone other than the scholarship review board.

_____ _____

Printed Name of Adult Applicant | Signature of Adult Applicant

_____ _____

Name of Scholarship Athlete | Date

ATHLETE INFORMATION			
Athlete's Name:	Age:	Birth date:	
Address:			
Street: City:		State:	Zip:
School Athlete Attends:		Grade:	
Teacher's Name:		School Phone:	
Athlete lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Other			
PARENT / GUARDIAN INFORMATION:			
Total Household Annual Income: $			
Number of dependent children in your household during the last tax year:			
Number of people in your household total:			
Father/Guardian Name:		Occupation:	
Employer Name:		Employer Address:	
Home Phone:	Work Phone:	E-mail:	
Father/Guardian Monthly Income (including alimony/child support) $: Mother/Guardian Monthly Income (including alimony/child support) $:			
Mother/Guardian Name:		Occupation:	
Employer Name:		Employer Address:	
Home Phone:	Work Phone:	E-mail:	
Do you currently receive state or federal financial assistance? ( ) Yes ( ) No If yes, what type?			
If you receive state or federal financial assistance, is this your sole source of income? ( ) Yes ( ) No			
SCHOLARSHIP INFORMATION			
Amount of scholarship requested:			
Team:			
PREVIOUS PARTICIPATION			
What other sport(s) has the child played? _____ Name of Team & Organization _____ What was the cost of that sport(s) played? _____			
Has this athlete ever received scholarships before? ( ) Yes ( ) No			
If yes: Which sport(s):		Year(s) :	Amount $
Please indicate supporting documentation being provided: ( ) Proof of Income ( ) Proof of receipt of state or federal financial assistance ( ) Letter from school, social workers, youth community center workers, or other social services representatives ( ) Written Personal Statement of Immediate Financial Hardship ( ) Other *(explain in detail):*			