

EJRTScholarship

SCHOLARSHIP REQUEST

(To be turned into the league office or with the team roster)

Parent/Guardian Name _____

Name of Child _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Number _____

Managers Name _____

Grade _____ Grade School Area _____

School Attending: _____

Amount of Scholarship Requested: 25%____ 50%____ 75%____
(percentage or appropriate individual fee)

Amount of Fee Able to Pay _____ (must be attached to scholarship request)

Reason for Request (please explain in detail)

Parent/Guardian Signature _____

Date _____

EJRT OFFICE USE ONLY

Approved _____ Not Approved _____
(circle one)

EJRT OFFICER