

EJRT BASEBALL SCHOLARSHIP REQUEST
(To be turned into the league with the player registration)

Name of Player _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Grade _____ School Attending _____

Team/Coaches Name (if known) _____

Amount of Scholarship Requested: 25%____ 50%____ 75%____ 100%____
(percentage of appropriate individual fee)

Amount of Fee Able to Pay \$_____ (should be enclosed with scholarship request)

Reason for Request (please explain in detail)

Parent/Guardian Signature _____ Date _____

EJRT OFFICE USE ONLY

Approved _____ Not Approved _____
(circle one)

EJRT OFFICER