

**FORT COLLINS BASEBALL CLUB
APPLICATION FOR SCHOLARSHIP/REDUCED FEE**

Section 1. Personal Information

Name of Players _____ GRADE: _____

List current grade _____ GRADE: _____

_____ GRADE: _____

Parent/Legal Guardian name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (work): _____

Total Number of family members in household: _____

For Office Use Only
Approved: Yes [] No []
Amount Waived: _____
Amount Due: _____
Staff Initials: _____

PLEASE COMPLETE ALL INFORMATION. Information not completed may slow the process of scholarship

Section 2. Financial Information

Parks and Recreation Waiver ? Yes [] No [] **Fee Waivers granted through the City of Fort Collins will be accepted, but allocation of reduction will be based on FCBC allocated funds. Please PROVIDE A COPY OF THE LETTER or DOCUMENTATION**

Have you applied before for a FCBC Scholarship? Yes [] No []

Annual Income: _____ (Must be completed)

Please circle any federal assistance programs in which you are currently enrolled:

Reduced/Free Lunch Subsidized Housing Other: _____

Please include any information that will aid us in making a decision on your application:

Section 3. Guidelines and Information

This application must be submitted to FCBC **with your registration**. FCBC will determine the amount of the reduction. Fee Waivers granted through the City of Fort Collins will be accepted, **but allocation of reduction will be based on FCBC allocated funds.**

Section 4. Mandatory Volunteer Opportunities

All recipients of financial aid from Fort Collins Baseball Club are required to volunteer in some capacity with our program. A minimum of two hours volunteer time is required from all reduced fee recipients. Listed below are categories you can volunteer for:

___ Clerical/Office ___ Uniform Sales ___ Fundraising ___ Other (office assigned)

I hereby verify that all information on this application is accurate, and, if this application is granted, I agree to abide by all terms and conditions in this document.

Signature: _____ Date: _____