C-I Grand Slammers Financial Assistance Application

Player Information	
Player Name:	DOB:
Home Address:	
Parent/Guardian Name:	Home Phone:
Cell Phone:	E-mail:
Home Address:	
Parent/Guardian Name 2:	Home Phone:
	E-mail:
Hama Address:	
Eligi	ibility Questionnaire
2: Have you previously received financial3: Type of financial assistance requested*Financial information provided is confidential	
Please provide a brief explanation of why	y financial assistance is needed:
I/We, as the parent or legal guardian of the prinformation to the best of my/our knowledge	player named above, attest to the truth for the above
Parent/Legal Guardian Signature	Date

The Cambridge-Isanti Grand Slammers strive to provide the best possible opportunities to individuals interested in our association. Available to our players are full and partial scholarships. These scholarships are aimed to help players/families that may have financial hardships. To be eligible for a full or partial scholarship, please complete the following steps:

- Fill out the attached form in its entirety
- Submit form and supporting documentation to <u>Jacketfastpitch@gmail.com</u> or mail to P.O. Box 612, Cambridge, MN 55008
- Complete registration with the Cambridge-Isanti Grand Slammers

^{*}If a family receives financial assistance it is required that they fulfill at least twice the minimum volunteer expectation.