

NEW CANAAN BASEBALL SCHOLARSHIP PROGRAM

Please complete the following information, one (1) application per child.

Athlete's Name: _____ Birth date: _____ Male / Female

Address: _____

Reason for Scholarship Request? _____

Amount paid at registration: \$_____

Has athlete received a scholarship from NCB in the past calendar year? () Yes () No

Amount: \$_____

PARENT / GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Email Address: _____ Phone: _____ - _____ - _____

Address: _____

CONSENT TO RELEASE INFORMATION

- I understand that my signature authorizes New Canaan Baseball to obtain verification of all information on this application and that additional information may be necessary for approval of this application.
- I certify that all of the information I have supplied is true and correct.
- I understand that this application does not guarantee a scholarship award.

Parent/Guardian Signature: _____ Date: _____

All eligible applications will be reviewed within two (2) following receipt.

Applicants will be notified of the decision by email, or phone. Participants will be responsible for any, and all remaining balances and must pay their portion at the time of registration.