

## **Financial Assistance Request Form**

Date:			
Name of Parent/Guardian:			
Email:			
Phone:			
Childs Name:			
Are you new to Pocket Little League? Yes No			
Previous years in Pocket Little League:			
Have you sought financial assistance from PLL in past years? Yes No			
If so, which years were you awarded financial assistance?			
Which of the following types of financial assistance are you applying for?			
Deferred payment plan: total registration fee divided into six monthly installments to be paid from January to June 2017. Family is responsible for fulfilling standard league volunteer requirement of 8 volunteer hours plus one snack shack shift.			
Reduced deferred payment plan: 50% registration fee divided into two equal payments. First payment due upon registration, second payment due opening day. Family is responsible for fulfilling standard league volunteer requirement of 8 volunteer hours plus one snack shack shift and an additional 5 volunteer hours.			
Other:			
Please provide the reasons why you are seeking financial assistance from PLL at this time:			

The President and Treasurer of PLL will consider all applications for scholarship/financial assistance and will make every effort to notify applicants promptly.



## **Financial Assistance Agreement**

The family has requested financial assistance from Pocket Little			
League for the 2017 Little League Season. Pocket Little League has reviewed the request for assistance checked below:			
	<b>Deferred payment plan:</b> total registration fee divided into six monthly installments to be paid from January to June 2017. Family is responsible for fulfilling standard league volunteer requirement of 8 volunteer hours plus one snack shack shift.		
	<b>Reduced deferred payment plan:</b> 50% registration fee divided into two equal payments. First payment due upon registration, second payment due opening day. Family is responsible for fulfilling standard league volunteer requirement of 8 volunteer hours plus one snack shack shift and an additional 5 volunteer hours.		
	Other:		
For approved requests please complete the section below:			
	Deferred payment plan: I will make 6 monthly payments of \$, from January thru June 2017. I will provide PLL with a \$100 volunteer check that will be returned to me once I complete my league requirement of 8 volunteer hours and one snack shack shift. Should I fail to complete the volunteer hour's inr full my volunteer check will be cashed at the end of the 2017 season.  Please include 6 monthly installment checks and return to the League Treasurer.  Notes:		
	Reduced deferred payment plan:  My registration fee has been reduced to \$, which will be divided into equal payments in the amount of \$ My first payment is due upon registration and my second payment is due on/before Opening Day/ I will provide PLL with a \$100 volunteer check that will be returned to me once I complete 13 volunteer hours and one snack shack shift. Should I fail to complete the volunteer hours in full my volunteer check will be cashed at the end of the 2017 season.  Please include 2 monthly installment checks and return to the League Treasurer.  Notes:		
	Other:		
Family's Printed Name: PLL President Signature:			
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Family's Signature:		PLL Treasurer Signature:	
Date:		Date:	