



Rodeo Baseball Association

PO Box 211

Rodeo, CA 94572

www.RodeoBaseball.org

Rodeo Baseball Association Player Scholarship Application

Season: _____ Year: _____

Player Information

Player name: _____

Date of birth: _____ Age/Division: _____

School: _____

Parent/Guardian Information

Parent/Guardian name(s): _____

Address: _____

City, State, Zip: _____

Phone number: _____

Email address: _____

Scholarship Request

I am requesting:

Full scholarship for registration fees

Partial scholarship for registration fees

If partial, amount family can contribute: \$ _____

Reason for Request

Please briefly explain why you are requesting financial assistance. You do not need to volunteer or complete any extra activities to be considered.

For League Use Only:

Player fee: \$ _____ Scholarship approved: Yes No Scholarship amount: \$ _____

Board member initials: _____ Date: _____