



Sarasota County Youth Baseball, Inc.
Cal Ripken Sarasota League
PO Box 51873
Sarasota, FL 34232

YOUTH BASEBALL SCHOLARSHIP PROGRAM

Application Deadlines: Fall Season – August 15, Spring Season – January 15

Cal Ripken Sarasota (Sarasota County Youth Baseball, Inc) provides limited Full and Partial registration fee scholarships to children, who without this financial assistance would not be able to participate in our youth baseball program. The Cal Ripken Sarasota scholarship program focuses on providing opportunities for area youth to participate in youth baseball because of the physical, leadership, and character-building benefits this program can provide.

Mandatory Requirements for eligibility:

- ① Participant must meet Cal Ripken Sarasota age eligibility requirements.
- ① Commitment to attend a minimum of 80% of all scheduled practices and games
- ① Application must be completed by a parent, guardian, or head of household, with all requested information provided (Incomplete applications will not be considered).

Priority will be given to eligible youth meeting one or more of the criteria below:

- ① Member of a multi-child family
- ① Living in a single parent home
- ① Receiving assistance from programs such as: SNAP (food stamps), Medicaid, SSI, Foster Care, WIC, Free/Reduced School Lunch, etc. (***applicant must provide written documentation of participation in these programs to receive priority status***)
- ① Written recommendation by previous coaches, social workers, youth community center workers, or other social services representatives.

Completed forms should be submitted to calripkensarasota@gmail.com

Note: Approval of a registration scholarship does not register the participant in the sport. Participant must still complete online registration with Cal Ripken Sarasota.

CAL RIPKEN SARASOTA (SARASOTA COUNTY YOUTH BASEBALL, INC) REGISTRATION SCHOLARSHIP APPLICATION

Please complete the following information, one application per child:

Player's Full Name: _____ Birthdate: _____

Address: _____

Player lives with: () Both Parents () Mother () Father () Other _____

PARENT/GUARDIAN INFORMATION:

Total Household Annual Income: \$ _____

Number of dependent children in your household during the last tax year: _____

Parent/Guardian's Name: _____ Relation: _____

Occupation: _____

Phone: _____ Alt. Phone: _____ Email: _____

Parent/Guardian's Name: _____ Relation: _____

Occupation: _____

Phone: _____ Alt. Phone: _____ Email: _____

Program this scholarship request applies to:

Season (circle one): Spring Fall Year: _____

Has this player ever received a scholarship from Cal Ripken Sarasota? () Yes () No

Season (circle one): Spring Fall Year: _____

CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes Cal Ripken Sarasota 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 on this form is true and correct. I understand that my child's participation in this program requires a commitment to complete the season and participate in 80% of scheduled practices and games.

Parent / Guardian Signature

Date

League President's Signature / Approval

Date

| | |
|------------------------|---|
| League Use Only | Request Approved / Denied by: _____ |
| Amount Granted: _____ | Parent Notified: _____ Registration Complete: _____ |