

# Vallivue Baseball Inc. Scholarship Program



## PRIMARY ADULT INFORMATION

Date of Request \_\_\_\_\_

Player Name (first/last) \_\_\_\_\_

Player's Age/Grade/School \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## I AM APPLYING FOR:

- Single Player Assistance \_\_\_\_\_
- Multiple Child/Sibling Discount \_\_\_\_\_
- Payment Plan \_\_\_\_\_
- Additional Volunteer/Fundraising \_\_\_\_\_

I can afford to pay \$ \_\_\_\_\_

Adults in Household: \_\_\_\_\_

Dependent Children in Household: \_\_\_\_\_

Have you ever received Vallivue Baseball Inc.  
assistance before: \_\_\_\_\_

## PLEASE DESCRIBE THE CIRCUMSTANCES SURROUNDING YOUR REQUEST:

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Parent/Legal Guardian Signature \_\_\_\_\_

*Application—Player/Family Information is Confidential*

Mail To:  
Sidney Vogt, President  
Vallivue Baseball Inc.  
P O Box 1607  
Caldwell, ID 83606

## Vallivue Baseball Inc. Board Review

Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_

Assistance Approved \_\_\_\_\_

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Initials \_\_\_\_\_