



Mother's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Father's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Place(s) of employment: \_\_\_\_\_

Employer Contact person and phone number: \_\_\_\_\_

Annual Family income: \_\_\_\_\_

Do you qualify for the school discount lunch program? **Yes or No**

Name of player(s) and age(s): \_\_\_\_\_

Name of school: \_\_\_\_\_

Previous player experience and where played: \_\_\_\_\_

Has a scholarship been requested previously through CPAA Baseball? **Yes or No**

Requesting full or partial scholarship, if partial, how much can you pay towards registration fee?

\_\_\_\_\_

Reason for scholarship request: -

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Official registration form must be completed for the player, including medical information.

Scholarship is reviewed by CPAA Board of Directors and will be kept confidential.