



## Hamel Athletic Club (HAC) **SCHOLARSHIP REQUEST**

The Hamel Athletic Club understands there may be a need for financial assistance for families participating in Hamel Baseball. Our policy is to provide assistance for the payment of registration fees to the extent they are needed. Due to the number of requests, only partial assistance will be provided in most cases.

### CONTACT INFORMATION

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

E-mail \_\_\_\_\_

### SCHOLARSHIP REQUEST INFORMATION

Type of financial assistance requested:    Payment Plan    Partial Assistance    Full Assistance

*Please list all children requesting assistance*

NAME	AGE	LEAGUE	FEE (refer to website for fee schedule)
			\$
			\$
			\$
<b>TOTAL FEES:</b>			<b>\$</b>

Total amount applied for: \$\_\_\_\_\_ *(please subtract any partial payment you can make)*

Have you received financial assistance from HAC in previous years?    Y    N   If yes, when? \_\_\_\_\_

Do you qualify for the school lunch program, AFDC or food stamps?    Y    N

Please explain why assistance is needed: (Use back of form if necessary)

I hereby verify that all of the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **SIGN AND RETURN FORM TO:**

Hamel Athletic Club  
PO Box 62  
Hamel, MN 55362