



**Lakewood Baseball Club**  
**2026 Scholarship & Equipment Assistance Application**

**Family & Player Information**

Parent / Guardian Name(s): \_\_\_\_\_

Player's Full Name: \_\_\_\_\_

Player's Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

**Financial Assistance Request**

How much financial assistance do you need? \_\_\_\_\_

How much are you able to pay today / right now? \$ \_\_\_\_\_

Why does your family need a scholarship at this time?

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

**Public Assistance**

Check all that apply:

☐ WIC

☐ Medicaid / Apple Health

☐ Rent / Housing Assistance

☐ SNAP / EBT

☐ Other: \_\_\_\_\_

**Equipment Assistance**

☐ Needs equipment

Bat, Glove, Helmet, Cleats, Catcher's Gear, Other \_\_\_\_\_

☐ Player is a catcher

**Household Information**

Number in household: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_ Monthly Obligations: \$ \_\_\_\_\_

**Volunteer Commitment**

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**Certification**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submission: [director@lakewoodbaseballclub.org](mailto:director@lakewoodbaseballclub.org)