



**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

Certification

Signature: _____ Date: _____

Submission: director@lakewoodbaseballclub.org