



The 3&2 Baseball Club of Johnson County, Inc.  
P.O. Box 14011 \* Lenexa, KS 66285 \* (913) 888-8055 \* Fax (913) 888-6712  
www.3and2baseball.com

### SCHOLARSHIP REQUEST

(To be turned into the league office or with the team roster)

Parent/Guardian Name \_\_\_\_\_

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

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

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

E-Mail \_\_\_\_\_ Grade \_\_\_\_\_

School Attending: \_\_\_\_\_ High School Area \_\_\_\_\_

Managers Name \_\_\_\_\_

Amount of Scholarship Requested: (percentage or appropriate individual fee)  25%  50%  75%

Amount of Fee Able to Pay \_\_\_\_\_ (please include check for balance of registration fee along with this scholarship request)

Does this child qualify for the free or reduced school lunch program?  Yes  No

What is your household monthly income? \$ \_\_\_\_\_

Reason for Request (please explain in detail)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

3&2 Office Use Only  
Approved (circle one) Not Approved

\_\_\_\_\_  
3&2 Staff Signature