Scholarship Application

For

Carmichael Little League

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletes Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a detailed explanation of the financial hardship with supporting documents such as an approved free or reduced lunch application approved by your athlete’s school or documentation of financial assistance.

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Signature Date

All approved applicants will have to complete double volunteer hours. For example, if you have to complete 6 volunteer hours with a scholarship you will have to complete 12. Please email all completed form and documentations to [prescll1@yahoo.com](mailto:prescll1@yahoo.com). Or bring completed documents to in person registration.