

2020 District 54 Little League Scholarship Application

Local Little League Division: _____

High School: _____

Applicant's Name (Last, First, MI): _____

Birthdate (MM/DD/YYYY): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: (_____) _____

Name of Father/ Guardian: _____

Father's/ Guardian's Address: _____

Name of Mother/ Guardian: _____

Mother's/ Guardian's Address: _____

Colleges/ Universities/ Trade Schools You Plan to Attend:

1st Choice: _____

2nd Choice: _____

Anticipated Date of Enrollment (Month/Year): _____

Anticipated Major/ Area of Study: _____

Career Plans: _____

LITTLE LEAGUE MEMBERSHIP HISTORY (List in chronological order)

YEAR	LOCAL LITTLE LEAGUE MEMBERSHIP	TEAM NAME

COMMUNITY SERVICE ACTIVITIES (List in chronological order)

YEAR	ACTIVITY

PERSONAL STATEMENT: On a separate page, write a brief (one-page) statement describing what baseball and/or Little League means to you.

I VERIFY THAT ABOVE INFORMATION IS CORRECT.	
Applicant Signature: _____	Date: _____
Parent Signature: _____	Date: _____

Submit this application to the following addresses by JUNE 1st, 2020: Via

Mail: Attn: - Sponsorship Coordinator PO BOX 816, El Dorado, CA 95623

Via Email: maclyn28@aol.com