



West Seattle Little League Scholarship Application

Player Name: _____

Age: _____ Birth Date: _____ Division: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Year(s) played in WSL? _____ Player School: _____

Type of Scholarship Needed:

25% Discount 50% Discount 75% Discount Full Scholarship

Please outline your financial need and what you are able to pay so we may help as many players as possible:

Please email the scholarship application to playeragents@westseattlelittleleague.com.