



To apply for partial or full scholarships please complete this application and submit with documentation, to the scholarship committee at scholarship@arcadialittleleague.com

Submitted information will be kept strictly confidential

Players Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Applying for Full _____ or Partial _____ Scholarship

Does applicant participate in a travel/club team Yes ____ or No ____

If yes, what is the sport _____

By signing this document, you agree to have read all terms of the application for the scholarship, including requirements and expectations that come with the granting of this scholarship and that all said information is be true.

Parent/ Guardian

Signature _____ Printed name _____



Please provide a short explanation below. Don't forget to include/attach all required documents with this application!

Player Age: ____ Grade: ____ School: _____

Hardship Explanation: _____
