



P.O. Box 24393 Winston-Salem, NC 27114-4393
Attn: WSNLL League President

APPLICATION FOR SCHOLARSHIP

Player Name:

Date:

Home Address:

Phone:

Parents/Guardians Names:

Please provide a brief statement of why you are applying for a scholarship:

How much could your family afford towards the application fee:

Please indicate which WSNLL volunteer opportunity (Concessions, Field Crew, Team Parent, Umpire, Fundraising, Scorekeeper, Special Projects) that you would be willing to support:

The information that you provide will be kept confidential and only used by the Winston-Salem National Little League Board of Directors.

Parent/Guardian Signature: _____ **Date:** _____