

GRANITE FALLS LITTLE LEAGUE SCHOLARSHIP APPLICATION

For those seeking a scholarship from Granite Falls Little League, please complete this form and return it to the Granite Falls Little League Treasurer. Parent/Guardian must submit in person.

Parent(s)/Guardian(s) Name: _____

Address: _____

Phone: _____ Work: _____ Cell: _____

Place of Occupation: _____

Player(s) Name: _____

What are the circumstances that require a scholarship? _____

Type of Scholarship Requesting: _____ Partial Scholarship _____ Full Scholarship

If requesting a partial scholarship, how much can you contribute? _____

We do require that scholarship recipients volunteer 8 hours of their time with the League. This could be in one or more of the following capacities. (May choose more than one and you will be called to schedule time)

- ___ Coach ___ Assistant Coach ___ Concessions ___ Uniforms ___ Tryouts
- ___ Board of Directors ___ Team Parent ___ Equipment ___ Field Maintenance
- ___ Raffle Parent ___ Umpire ___ Inventory ___ Bathrooms ___ Score Keeper

Special Talents that could be helpful to the League? Please Describe?

Thank you,

Granite Falls Little League Board of Directors

League Use Only:			
Accepted _____	Denied _____	Date _____	Amount _____
League President Signature: _____			