



Application for Ron Scioscia Memorial Scholarship

Parent Name:	
Parent Phone:	
Parent Email:	
Child Name:	
Child Birthdate:	
Season applying for:	
Date applying:	

In the box below, please give a brief description as to why financial aid is needed. Please note this information will only be shared with the President of the league.

We will let you know within one week of your application whether your child qualifies for any available scholarships.