

## **Canal Little League Scholarship Application**

Parent Guardian Name:		
Player Name:		Birthday:
Address:		
City:	State:	Zip:
Best Contact #:	Email address	:
What amount are you able to pay tow	ards your regist	ration:
Financial Hardship Explanation:		
I, as the parent or legal guardian of the		
league through volunteering or fundrai selling discount cards, working the cor		` .
day activities, all-star season help, etc		1 3 1 3 7
Signature		Date
I, as the parent or legal guardian of the above information to the best of my kn to provide supporting documentationscholarship.	nowledge. I und	erstand that I may be required
Signature		Date



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Office Use Only:			
Date Received:			
Approved:	Denied:		
Amount Approved For: _		_	
Repayment Plan:			
			_
			-
League President Signatu	ıre	Date	_
I, as the parent or legal guar	rdian of the player name	d on this application agree to the	e
not complete my repayme	nt plan my children wil	gram. I understand that should II not be eligible for all-stars,	
future scholarship approv League.	al, and registering in u	pcoming seasons at Canal Li	ttle
Parent Signature		Date	
Printed Name			