



Canal Little League Scholarship Application

Office Use Only:

Date Received: _____

Approved: _____ Denied: _____

Amount Approved For: _____

Repayment Plan:

League President Signature _____ Date _____

I, as the parent or legal guardian of the player named on this application agree to the repayment plan listed above for the scholarship program. **I understand that should I not complete my repayment plan my children will not be eligible for all-stars, future scholarship approval, and registering in upcoming seasons at Canal Little League.**

Parent Signature _____ Date _____

Printed Name _____