



Scholarship Request Form

Date: _____

Players name: _____

Players Birth Date: _____

I would like to be considered for one of the following: *(please check and fill out only one option)*

- I am requesting a full scholarship
- I can pay \$_____ and would like the balance to be paid by the scholarship fund.

Parent/ Guardian

Signature: _____

Print: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Please email to: nwll.oh.president@gmail.com

Note: All information will be kept strictly confidential

For Internal use

Approved by: _____
(League President)

_____ *(Date)*