



Woodbridge Little League Scholarship Application

Please complete as thoroughly and honestly as possible. Once completed, please email form to player_agent@woodbridgelittleleague.org.

The WLL Board of Directors will get back to you within seven (7) days. If approved, our player agent will aid you in your registration to apply the assistance we are able to provide you and your player.

All Fields are required for submission

Account Holder Email Address: _____

Parent First and Last Name: _____

Parent Phone Number: _____

Player's First and Last Name: _____

What Prince William County school does your child attend?: _____

What Division do you expect your child will play?:

T-Ball

Minor Coach/Machine Pitch

A

AA

AAA

Majors

Intermediate

Juniors

Seniors

How much of the registration fee can you afford to pay?: _____

Please provide an explanation of your financial or medical hardship. Provide information such as do you receive SNAP and/or reduced free lunches. All information will be kept confidential.

I/We, as the Parent or Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of my/our knowledge. I understand that submission of this application does not guarantee approval. I also understand I may be asked to provide additional documentation, such as proof of residency and/or proof of school enrollment for my child.

Please check the box if you agree: