



Scholarship Application

FULLY CONFIDENTIAL

On behalf of the Falls Little League we are honored to help support you and your child(ren) with access to financial support for the upcoming Little League Baseball and Softball season. If submitting for more than (1) player, please complete separate submissions.

Please populate the following information and send back to;
Mike Tenhulzen, President, president@fallsllwa.org

Date:

Parent/Guardian Name:

Relationship to Player:

Phone:

Email:

Circumstances for request:

Player Name:

DOB:

SELECT WHICH IS REQUESTED

Registration Fee

Equipment Support (if yes select items below)

Glove

Pants

Belt

Cup