

Huntsville American League Scholarship Application

(Submit one form for each player)

Parent/Guardian/Player:

Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City: _____ State: _____	Zip: _____
Email: _____	
Player Name: _____	Gender: _____
Date of Birth: _____	Grade: _____ School: _____

Household Income Information:

Name	DOB	Employed (Y or N)	Employer	Annual Income
Total Household Income:				

Please give a brief description of your need for a scholarship:

Parent / Guardian Volunteer:

As part of this scholarship request, I will participate in park clean-up day or volunteer within the concession stand for a minimum of four hours during the regular season.

Sign Here: _____

Date: _____

Print Here: _____

For League Use Only:

Full scholarship granted (Y/N):		Partial scholarship granted (Y/N):	
Date:		Amount:	Date:
Request Denied (Check Box):		Board Member Sign:	
Date:		Date:	