

# Iron County Little League

To apply for a scholarship please complete this application to the scholarship committee at [ironcountyll@gmail.com](mailto:ironcountyll@gmail.com).

***Submitted information will be kept strictly confidential***

Players name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this document, you agree to have read all terms of the application for the scholarship, including requirements and expectations that come with the granting of this scholarship and that all said information is true.

Parent/Guardian Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Please provide a short explanation below of why you are requesting a scholarship.

Player Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Explanation: \_\_\_\_\_

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