



Keizer Little League Baseball & Softball

PO Box 20572

Keizer, OR 97307

Keizer Little League Scholarship Application

To apply for partial or full scholarships please complete this application and submit with documentation, to the scholarship committee at presidentkeizerll@gmail.com. Submitted information will be kept strictly confidential

Athlete Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone: _____ E-
mail: _____

Applying for Full _____ or Partial _____ Scholarship

Does the athlete participate in a travel/club team Yes _____ or No _____ If yes, what is the sport?

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 _____
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Please provide a short explanation below. Don't forget to include/attach all required documents with this application! Player Age: _____ Grade: _____ School: _____

Hardship Explanation: _____

