Huntsville Liberty League Scholarship Application

Submit one form for each player

Name		Home Ph	Home Phone	
Address		Cell Phon	Cell Phone	
City, State, Zip				
Dart 2 Househol	d Information (List ev	orvono living in vou	r household)	
Name	DOB (MM/DD/YY)	Employed (Y/N)	If yes, where?	Annual Income
Nume	DOB (WINN, DD) 11)	Employed (1/14)	ii yes, where:	\$
				\$
				\$
				\$
				\$
				\$
		Total Ho	usehold Income:	\$ \$
		10141110	doctiona informer	<u>Y</u>
Please provide ai	n explanation of the fi	nancial hardship in t	he section below	
Please provide ai	n explanation of the fi	nancial hardship in t	he section below	
		nancial hardship in t	he section below	
Part 4. Signature				come is reported.
Part 4. Signature	3	on this application is	true and that all inc	·
Part 4. Signature I certify (promise Sign here:	e) that all information o	on this application is	true and that all inc	·
Part 4. Signature I certify (promise Sign here: Part 5. Voluntee	e) that all information o	on this application is	true and that all inc	Date:
Part 4. Signature I certify (promise Sign here: Part 5. Voluntee As part of this sc	that all information o	on this application is Print name: Il participate in park	true and that all ind	Date:
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