

Woodstock Little League Regular Season Scholarship

Name:	
Address: City: _	
Years in WLL: Current Division:	
Received Scholarship Previously:	_ How Many Years:
Give a brief explanation of your scholarship need:	
Are you able to pay anything:	
Applicant Signature	Date
For League Use	
Scholarship Approved	Scholarship Denied
Reason	
Amount Awarded: \$ Dat	e:
League Approval:	
Notification: Applicant Play	er Agent Treasurer