

# **WALPOLE** **LITTLE LEAGUE** **2013 SCHOLARSHIP APPLICATION**

APPLICANT'S NAME \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Applicant's High School \_\_\_\_\_

College Attending \_\_\_\_\_

**WALPOLE LITTLE LEAGUE HISTORY (fill in as completely as possible)**

**Team**

**Year**

**Coach**

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**Team**

**Year**

**Coach**

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**Team**

**Year**

**Coach**

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**Team**

**Year**

**Coach**

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**Team**

**Year**

**Coach**

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**OTHER CONTRIBUTIONS TO WALPOLE LITTLE LEAGUE (if needed use back of form)**

**Applicant's Signature**

\_\_\_\_\_

**Parent/Guardian Signature**

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**RETURN TO: WALPOLE LITTLE LEAGUE, PO BOX 551, WALPOLE, MA 02081**

**All applications must be postmarked no later than Wednesday, June 5, 2013**