



Scholarship Application

Player Name: _____

Age: _____ Birth Date: _____

Division: _____

Parent/Guardian Name: _____

Address: _____

(City) (State) (Zip Code)

Home phone: _____ Cell: _____

Email: _____

Year(s) your child has played for West Seattle Little League: _____

School Attending: _____

Type of scholarship needed:

Partial Scholarship 25% 50% 75%

Full Scholarship: 100%

Can you make partial payments? Please let us know what you are able to pay in order to help WSSL be the strongest and offer the most we can.

Please submit scholarship form to playeragent@westseattlelittleleague.com