

Jefferson County Little League Scholarship Application

Name: _____

Parent/Guardian Name: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Home Telephone Number: _____

Year(s) you played for Jefferson County Little League: _____

Post Secondary Institution Attending: _____

Address: _____
(Street)

(City) (State) (Zip Code)

Any Additional Information you want to selection committee to know about you:

Signature of Applicant

Date