

| Scholarship Application Scholarship DOES NOT register your child for the Little League program. | | | | | |
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| Scholarship eligibility requirements | | | | | |
| To be eligible for the scholarship, you must provide the following : | | | | | |
| * An explanation of the financial hardship (please explain in the FINANCIAL HARDSHIP EXPLANATION section) supporting documents may also be requested * Copy of an approved Free and Reduced Price School Meals application by the players school * Proof of residency – indicating the player resides within the Highland Little League boundaries * Proof of age – indicating the player meets Little League requirements in order to play for the 2024 season | | | | | |
| Legal Guardians Name: | | | | | |
| Player: | | | | | |
| How much you can afford to pay: | | | | | |
| Information | | | | | |
| Address: | | | | | |
| City: | | State: | | | ZIP Code: |
| Phone no: | | Email address: | | | |
| Financial hardship explanation | | | | | |
|  | | | | | |
| Signatures | | | | | |
| I, as parent or legal guardian of the player named above, attest to the truth for the above information to the best of my knowledge. | | | | | |
| Signature of applicant: | | | | | Date: |
| For HLL Use Only | | | | | |
| Date Reviewed: | | | Signature of approval: | | |
| □ Full scholarship granted  Amount: $ | □ Partial scholarship granted  Amount: $ | | | □ Request denied | |