

Huron Little League Scholarship Application

Player Name: _____

Birth Date: _____

Player Name: _____

Birth Date: _____

Player Name: _____

Birth Date: _____

Player Name: _____

Birth Date: _____

Parent/Guardian Name: _____

Address: _____

Parent Phone Number(s): _____

Annual Household Income for Previous Year: _____

Number of People in Household: _____

Under oath, I certify, under penalties of perjury, the information contained herein is true and correct.

Printed Name

Signature

Date

Applicant: Please describe special financial circumstances that pertain to this household below: