



East Surry Little League Scholarship Application

To apply for partial or full scholarships please complete this application and submit with documentation, to the ESLL President, Brooke Hiatt, at esllpresident2024@gmail.com. Submitted information will be kept strictly confidential.

Players Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Applying for Full _____ or Partial _____ Scholarship

By signing this document, you agree to have read all terms of the application for the scholarship, including requirements and expectations that come with the granting of this scholarship and that all said information is true.

Printed name _____

Parent/ Guardian Signature _____

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Please provide a short explanation below. Please include any relevant documents to this application.

Player Age: _____ Grade: _____ School: _____

Hardship Explanation:
