



Huron Valley Youth Baseball & Softball League Scholarship Application

Player Name: _____ Date: _____

Date of Birth: _____ Gender: _____

Parents or Guardians Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ School: _____

Grade: _____ Shirt Size: _____ HVYBSL Age Division: _____

Reason for need: _____

Request for how much assistance of player fee: \$ _____

All scholarship recipients' families will be required to volunteer for meaningful work needed by the league commensurate with or exceeding the amount of scholarship received.

All scholarship applications will be reviewed by 3 executive board members for approval, and kept confidential.

Huron Valley Youth Baseball & Softball League

P.O. Box 67 Highland, MI 48357

Website-www.hvybsl.com Email- communicationshvybsl@gmail.com