

LEICESTER LITTLE LEAGUE

Name: _____

Address: _____

GPA: _____ Class Rank: _____

1. List athletic participation in and out of school:

2. Why are you deserving of this scholarship:

3. Please attach a copy of your date sheet.

All applications should be mailed to:

Matthew Saari

6 King Terrace

Leicester, MA 01524

DEADLINE: April 1