

PEARL RIVER LITTLE LEAGUE
SCHOLARSHIP APPLICATION 2024

Name: _____ Age: _____ DOB: _____

Address: _____

Parent/Guardian Names: _____

Phone Number: _____

Email: _____



List any School Activities in which you have participated in:

List any Employment or Community Activities in which you have participated in:

Post High School Plans:

Please attach a brief (200 words or less) on how the Pearl River Little League has impacted you.

Please return to the guidance office by May 5, 2024 or email prllbono13@gmail.com