



ZIONSVILLE LITTLE LEAGUE SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Your email:	Mobile Phone:
Current address:		
City:	State:	ZIP Code:
Which scholarship are you applying for?	<input type="checkbox"/> Chuck Keraga Memorial Scholarship (For ZLL baseball players)	<input type="checkbox"/> Judy Veatch Memorial Scholarship (For ZLL softball players)

PARENT INFORMATION

Name of Parent/Guardian 1:		
Current Address:		
City:	State:	ZIP Code:
Home Phone:	E-mail:	Mobile phone:
Name of Parent/Guardian 2:		
Current Address:		
City:	State:	ZIP Code:
Home Phone:	E-mail:	Mobile phone:

REFERENCES

Name	Relationship (Coach, teacher...)	Address	Phone

ZIONSVILLE LITTLE LEAGUE EXPERIENCE

To the best of your ability/memory, please identify the number of years you participated in each of the following programs at Zionsville Little League.

To qualify for the ZLL scholarships, you must have played a minimum of 5 years in the Rookies, Minors, Majors or Intermediate (50-70) programs, or you must have played minimum of 3 years in Minors, Majors, or Intermediate programs.

Program:	Number of years
Rookie Baseball or Softball	
Minors Baseball or Softball	
Majors Baseball or Softball	
Intermediate (50-70) Baseball	
Junior Baseball or Softball	
Senior Baseball or Softball	
Big League/Babe Ruth Baseball	
ZLL Showcase	
ZLL All-Stars	
Youth Umpire	
Tournament Support (score keeper, field work, etc.)	



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EXTRA CURRICULAR ACTIVITES (LIST UP TO 5)

Activity	Years Involved	Leadership positions/Honors/Awards

ESSAY

To qualify for this scholarship, please provide an essay, in 250 words or less on the following topic:

Describe how the experience of playing (and, if applicable, volunteering) in Zionsville Little League has helped prepare you for college, your professional career and family life. This can include lessons learned through specific games and practices, lessons learned about sportsmanship and teamwork or other lessons learned through league participation.

You may attach your essay as a separate page if you prefer. Please state "See attached" if you attach a separate document.

SIGNATURES

By my signature below, I verify I meet the qualifications for the Zionsville Little League Scholarships and the information in this application is complete and true.

I authorize the Zionsville Little League Board of Directors to view a transcript of my academic performance from Zionsville Community High School.

I authorize a representative of the Zionsville Little League Board of Directors to contact the persons identified as references in this application.

Signature of applicant:

Date:



Instructions for submittal

Please mail this application **AND** a copy of your high school transcript to:

Zionsville Little League
PO Box 544
Zionsville, Indiana 46077

Applications must be received by March 15, 2019

For questions about this application, please contact Zionsville Little League at news@zionsvillelittleleague.org.