

**2012 – Ocean Twp Little League Scholarship – 2012**

SPONSORED BY: OCEAN TWP LEAGUE, INC.

**SCHOLARSHIP APPLICATION**

**PART 1: PERSONAL INFORMATION**

NAME		AGE	BIRTHDATE	SOCIAL SECURITY NO.
ADDRESS		MUNICIPALITY		ZIP CODE
PHONE NO:				

**PART 2: PRELIMINARY SCHOOL INFORMATION**

NAME OF CURRENT HIGH SCHOOL:		GRADUATING YEAR	
FULL SCHOOL ADDRESS:			
NAME OF GUIDANCE COUNSELOR		SCHOOL PHONE#	NAME OF COLLEGE/ UNIVERSITY YOU PLAN TO ATTEND

**PART 3: LITTLE LEAGUE VERIFICATION**

NAME OF LITTLE LEAGUE TEAMS THAT YOU PARTICIPATED IN PRIOR TO HIGH SCHOOL	<input type="checkbox"/> BASEBALL # YEARS IN LITTLE LEAGUE	<input type="checkbox"/> SOFTBALL # YEARS IN LITTLE LEAGUE
	DID YOU CONTINUE PARTICIPATING IN LITTLE LEAGUE WHILE IN HIGH SCHOOL, AS A VOLUNTEER? <input type="checkbox"/> YES <input type="checkbox"/> NO	# YRS AS A VOLUNTEER?

<p><b>VERY IMPORTANT</b> YOU MUST OBTAIN THE VERIFICATION OF CURRENT LITTLE LEAGUE OFFICIALS AS TO THE INFORMATION CONTAINED IN THIS SECTION .....</p>	<p><i>I hereby certify that the information given regarding any Little League involvement, to be true, to the best of my knowledge and belief and in accordance with Franchise records.</i></p>
	<p>Signature: X _____ PRINT NAME: _____ Title: _____</p>

**PART 4: EXPLANATION OF SPECIAL NEED, OR CIRCUMSTANCES**

**PART 5: ACTIVITIES, AFFILIATIONS, HONORS, & AWARDS**



ACTIVITY CATEGORY	of participation				spent per week & # of wks. involved	Positions held, or Honors won	
	9	10	11	12			
LITTLE LEAGUE "HS VOLUNTEER"							Verification by current Little League Official is required. See Page 1
OTHER COMMUNITY ACTIVITIES							
WORK EXPERIENCE							

**PART 6: ESSAY**

*Each applicant MUST submit a minimum of 150 words/200 word maximum essay on the topic: "What impact did Little League have on my life?" You may start your essay here and if necessary, use a separate sheet of paper and attach to this application.*

ESSAY: EXTRA PAGE ATTACHED:  YES  NO

**PART 7: APPLICANT, PARENT AND SCHOOL OFFICIALS MUST READ & SIGN**

*By way of subscribing our signatures below, we hereby certify, individually and collectively that all of the information contained in this application is true, correct and complete in all of its particulars to the best of our knowledge and belief. We understand that this application is being filed jointly by all signatories. We agree to give proof of the information provided on this application and realize that if said proofs are not provided, that the applicant (student) can be denied any scholarship funding. Scholarship funding will be sent directly to college or school by OTLL. Finally, I the applicant agree to return all money received if I do not attend college or school.*

DATE:	SIGNATURE OF HIGH SCHOOL OFFICIAL: <b>X</b>
DATE:	SIGNATURE OF STUDENT: <b>X</b>
DATE:	SIGNATURE OF PARENT: <b>X</b>

**Mail completed application to: OTLL Scholarship PO Box 2244 Ocean, N.J.07712  
Deadline for submission is February 13, 2012. Please call Diana Birnbaum at (732) 977-9627 with questions.**