



Smyrna Clayton Little Lass



ALUMNI SCHOLARSHIP APPLICATION

(PLEASE PRINT CLEARLY)

The Smyrna Clayton Little Lass with the help of numerous local sponsors is proud to offer a \$500 scholarship to a graduating senior with a minimum of two years participation in the Smyrna Clayton Little Lass Softball Organization.

Please complete the following application and provide any supporting documentation you wish to include for consideration in the awarding of this scholarship. Please return applications to the **Smyrna High School Counseling Office NLT April 12th.**

Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Name of Parent/Guardian: _____

Name of High School _____

Academic Average/GPA: _____

Major area of study you intend to pursue: _____

Have you been officially accepted into any school, college, or university? If so, please list name

Yes _____ No _____ Name: _____

Number of years participated in the Little Lass program (min. of 2 years required): _____

What years were you a member of Smyrna Clayton Little Lass? _____

Please list two references not related to you that can attest to your character.

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

P.O. Box 55 • Smyrna, Delaware • 19977

<http://www.scllsoftball.com>





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In the space provided below, please write one short paragraph answer to each statement.

How do youth sport programs aid young adults with individual character development?

Explain the impact Smyrna Clayton Little Lass had on you during or after your time of participation.

Please list some of your interest, hobbies, or extracurricular activities:

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