



# 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 \$1000 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 or Smyrna Clayton Little Lass, NLT April 15, 2026.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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>**





## Smyrna Clayton Little Lass



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?

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

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

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