



Application for Scholarship

To apply for a scholarship to cover the cost of the registration fee,
please complete this Application form

About the player

First name _____

Last name _____

Birthdate _____

Address _____

Home phone _____

How will getting this scholarship impact you?

Have you played with us in the past? Yes No

If no, how did you hear about us?

Name of Parent/Guardian _____

Contact number(s) _____

Email _____

Signature _____

Submit Form

Miracle League of Central Minnesota-Scholarship

PO Box 1935

St. Cloud, MN 56302

****limited scholarships available****