



**2025 Carl E. Stotz
Little League Baseball® Scholarship
Application Form**

Name

(Please print or type)

Address

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email

Father's Name _____ **Mother's Name** _____

High School

Class Rank _____ **SAT/ACT Scores** _____

College/University Attending

Guidance Counselor

(Name)

(Phone)

Significant Achievements: Please include a list of your activities to date including participation in band, chorus, student organizations, school activities, sports, community service and scholastic awards, as well as any current work-related experiences.

Student Signature

Guidance Counselor Signature

Please mail, email to mmarquardt@littleleague.org, or fax the completed Application, Activities List, Letters of Recommendation, and Essay by

April 11, 2025 to:

**Carl E. Stotz Scholarship
Little League International
539 US Highway 15
P.O. Box 3485
Williamsport, PA 17701-0485
Fax: 570-326-1074**