

WHALING CITY YOUTH BASEBALL LEAGUE

SCHOLARSHIP APPLICATION

FOR THE GRADUATES OF WHALING CITY YOUTH BASEBALL LEAGUE

NOTE: Please print or type the application information

I. Applicant / Family Background

1. Applicant Name: _____
Address: _____
Phone Number: _____

2.

FATHER	NAME	MOTHER
	OCCUPATION	
	PLACE OF EMPLOYMENT	
	ANNUAL INCOME	

3. Do you have any brothers and or sisters? Yes No
If yes, please provide their names and ages:

4. Do you currently provide financial support to any Yes No
If yes, briefly discuss the circumstance: _____

5. Identify any part-time or summer employment which you have held:

EMPLOYER NAME	YEARS OF EMPLOYMENT
_____	_____
_____	_____
_____	_____
_____	_____

II. Academic Information

1. Please identify your career choice: _____

2. High School attended: _____

NOTE: A copy of your most recent transcript must accompany this application.

Academic Awards and Honor Society Memberships: _____

Clubs / Activities: _____

3. Please identify the colleges / continuing educations facilities to which you have applied and your current acceptance status:

ACCEPTED?

YES NO

YES NO

YES NO

YES NO

YES NO

YES NO

III. Continuing Education Information

1. Which school have you selected for enrollment: _____

NOTE: A copy of your acceptance notification must accompany this application

2. Please provide the annual costs associated with this school:

- a.) TUITION..... _____
- b.) ROOM & BOARD..... _____
- c.) FEES..... _____
- d.) BOOKS..... _____
- e.) MISC EXPENSES (please identify)..... _____

TOTAL ANNUAL COST..... _____

3. Please identify any scholarships for which you have applied:

	RECEIVED		AMOUNT
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

IV. Personal References

1. Please identify 3 persons (excluding relatives) who are familiar with you and your family.

NOTE: A minimum of 2 personal written recommendations must accompany this application.

NAME	ADDRESS	PHONE #	RECOMMENDATION ENCLOSED	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Applicant Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

APPLICATION SUPPLEMENT CHECK LIST

- Most Recent High School Transcript
- Notification of Acceptance from the School You have Elected to Enroll
- A Minimum of 2 Personal Written Recommendations
- Your Choice of any Miscellaneous Information and/or Documents
which may Assist the WCYBL Scholarship Committee