

WYOMING AMERICAN LEGION BASEBALL SCHOLARSHIP APPLICATION

Wyoming American Legion Baseball has established two \$500 scholarships for our graduating seniors. One scholarship will be awarded to a player from both the **A** and **AA** divisions within the State of Wyoming. Any team manager or head coach of a registered Wyoming American Legion baseball team may nominate a player for consideration of this scholarship. The application and all supporting documents must be completed, postmarked and mailed to Wyoming American Legion Baseball at PO Box 50807, Casper, WY 82605 no later than July 1st of the current year.

A one-page letter of recommendation from each of the following must accompany the application.

- 1) Legion Coach or program director
- 2) American Legion Post Commander
- 3) Community leader (i.e. teacher, minister, principle, family friend)

To be eligible for this scholarship, a player must:

- 1) Have graduated from high school.
- 2) Be on the current roster of a Wyoming American Legion baseball team (Form 1)
- 3) Attach an official copy of his high school transcript.

SECTION A - HIGH SCHOOL RECORD

Name of High School _____

Grade Point Average _____

List activities in which you participated during high school. List awards, honors and recognition received. List all school organizations that you belonged to. List any other scholarships you have received.

SECTION B – COLLEGE PLANS

What college or university do you plan to attend? Why?

What major do you plan to pursue in college? Why?

Do you anticipate playing college baseball?

SECTION C – CAREER INTEREST

Describe what you see yourself doing 10 years from today. We realize you may not have decided on your career goals but complete this section to the best of your ability.

SECTION D – COMMUNITY PARTICIPATION

List all community service activities in which you have been involved during your high school career.

SECTION E – FAMILY INFORMATION

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

List brothers and/or sisters and their ages

Family's adjusted gross income \$ _____

This scholarship is partially based upon need. Therefore, the adjusted income from the prior years federal tax return is necessary.

Describe any circumstance that may affect your family's ability to provide for your college education.

AUTHORIZATION

CERTIFICATION BY PLAYER

I certify to the accuracy of the foregoing facts. If selected, I will permit Wyoming American Legion Baseball to use my name, image of likeness for publicity.

APPLICANT'S SIGNATURE _____

DATE _____

E-MAIL ADDRESS _____

PHONE NUMBER _____

PARENTS CONSENT

We hereby certify that the information contained on this application pertains to our son/daughter. If our child is selected as a scholarship winner, we understand and hereby grant permission to Wyoming American Legion Baseball to use our child's likeness and name in announcing and promoting this scholarship program.

Signature of Parent/Guardian _____

Date _____ Phone Number _____

Parent's Address _____

CITY _____ STATE _____ ZIP _____

POST COMMANDER

The above applicant is qualified in every respect to represent Wyoming American Baseball and has our recommendation.

SPONSERING POST # _____

POST ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE OF THE POST COMMANDER

_____ DATE _____

PHONE # _____