

**MISSOURI HIGH SCHOOL BASEBALL COACHES ASSOCIATION SCHOLARSHIP
APPLICATION**

Please Type or Print in ink.

High School Baseball Coaches Name _____ MHSBCA Member YES / NO
(Circle one)

High School _____ Class 1 2 3 4
(Circle one)

Name in Full _____

Social Security Number _____ Date of Birth _____

Name of Parent(s)/Guardian(s) _____

Permanent Address
Of Parent(s)/Guardian(s) _____
(Street, Route, or P.O. Box)

(City and State) (Zip Code)

Parent(s)/Guardian(s) Home Phone Number _____

Father's Occupation and Employer _____

Mother's Occupation and Employer _____

Number of brothers/sisters in your family _____
(older) (younger)

Number of dependent family members attending college full time _____

Number of seniors in graduation class _____

Class Rank _____

G.P.A. _____

ACT Score _____ Composite _____ Percentile

Date this _____ day of _____, 200____.

Counselor

Students applying for the MHSBCA Scholarship must attach three written letters of recommendation and an official transcript. Relatives are not acceptable. Students **will not** be considered for a scholarship if the application and other required documentation is not complete.

DEADLINE FOR SUBMITTING APPLICATION: DECEMBER 1, 2007

What college or post-secondary institution do you plan to attend?

Where is it located? _____

Have you been accepted for admission? _____

Date you expect to enter (month/year) _____

Do you plan to commute from home? _____

Do you plan to live in a dormitory? _____

What major are you pursuing? _____

What type of degree are you pursuing? _____

Have you visited the college of your choice? _____

Have you visited any other colleges? (if yes, please list) _____

Have you received any other scholarship at this point? If so, Please list the scholarship and the dollar amount.

What financial planning have you made in meeting the anticipated expenses of attending college?

I will be able to attend the Annual Awards Luncheon in January 2008 to receive my scholarship. YES / NO
(Circle one)

**MHSBCA SCHOLARSHIP
RECOMMENDATION FORM**

NAME OF APPLICANT _____

(Note to person supplying the recommendation: Please give a brief statement as to your relationship with this applicant and your belief why he or she is deserving of this scholarship.)

Signature _____ Date _____