

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

Please **Type** or **Print** in ink.

High School Baseball Coaches Name \_\_\_\_\_ MHSBCA Member **YES / NO**  
(Please Select One)  
High School \_\_\_\_\_ Class **1** **2** **3** **4** **5** **6** \_\_\_\_\_  
(Please Select 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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
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 are not complete.

**DEADLINE FOR SUBMITTING APPLICATION: DECEMBER 1**

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 to receive my scholarship.

**YES / NO** (Please Select One)

**Mail to:**

**Bill Seamon, Executive Director**

**ATTN: Scholarship Application**

**1363 June Drive**

**Bland, MO 65014**

[illegible]

List below the school clubs and organizations that you have been a member of during high school. List any office that you have held. (i.e. FBLA, DECA, NHS, Band, Troubadours, Play, etc.)

CLUB/ORGANIZATION	GRADE				OFFICE HELD or OTHER RECOGNITION
	9	10	11	12	

List below the sports you have been involved in and how many years.

SPORT	GRADE				SPECIAL HONORS
	9	10	11	12	

**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 deserves this scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_