

New Jersey American Legion Baseball Scholarship Application Form

Player's Name: _____ Date: _____

Played for What American Legion Team: _____

Date of Birth: _____ Home Phone: _____

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- 1 Player must Graduate from High School in 2019
 - 2 Player must be rostered on a 2018 New Jersey Senior or Junior American Legion Team
 - 3 Must attach a copy of the High School Transcript with SAT's Scores
 - 4 Scholarship must be typed or neatly printed
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Home Address: _____

City / Town: _____ Zip Code: _____

High School: _____ Date of Graduation: _____

Number in Class: _____ Grade Pt Ave: _____ In Upper % of Class: _____

Extra Curricular Activities: _____

Community Service: _____

List any awards, honors or recognition you may have received. List any other scholarships
you have received: _____

Family Information:

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Annual Family Gross Income: *(Award Partially Based on Need)* _____

List any Brothers & Sisters and their Age: _____

Any Family Military Service: _____

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College Information (Selection Committee realizes Applicant may have not decided yet, but complete to best of your ability)

What College do you plan to Attend or are considering? _____

What Major are planning? _____

Why? _____

Who has encouraged you to seek a college degree? _____

What do you see your self doing Five (5) Years into the Future? _____

List any circumstances which affect your family ability to provide for your college education:

PLAYER CERTIFICATION

I certify to the accuracy of the information provided above. If selected, I will permit The American Legion to use my name, image and / or likeness for publicity.

(Player's Signature)

(Date)

PARENT'S CONSENT

We hereby certify that the information on this application pertaining to our child is correct. If our child is selected as a scholarship winner, we understand, agree and hereby grant permission to the American Legion to use our child's likeness and name in announcing and promoting this scholarship

(Parent's or Guardian's Signature)

(Date)

(Parent's or Guardian's Signature)

(Date)

(Address)

(Town / City)

(Zip Code)

(State)

(Phone)