USA Softball of Oregon Inc

Applicant must be a 2024 High School Graduate



2023 Bob Rapp Memorial Scholarship Application

of Orego

Application Deadline: July 1, 2024 Mail To: Bob Rapp Scholarships c/o **Chris Kelly, Chairperson** 22960 NE Tranquil Ln., Newberg, OR 97132

(503) 312-8691 chris@koebers.com

Scholarships: Two (2) \$1,00 Two (2) \$500

Notification: August 9, 2024

Applicant Full Name:		Age:
Address:		
City:	State:	Zip Code:
Phone: ()	E-mail:	
Name of High School You Graduate	ed From:	GPA
Did you participate in High School S		
Other school sports or activities? A copy of your High School Transcript Application submission.	and College Verification is required w	ith your Bob Rapp Scholarship
Name of College:	City:	State:
Major (If Known):		
Number of Years Played USA Softba	all? All Years in Oregon?:	Other State:
List the last three (3) USA Softball teamost recent. Year	ams you played on beginning with th Name of Team	ne Coach
1		
2		
3.		
Attach three (3) reference letters that Attach a brief essay entitled "How D		the player"
List other school organizations or clu	ubs you are a member of and their p	ourpose.
1.		
2.		
3.		
List any community or volunteer exp	periences.	
1		
2.		
3.		
How did you learn about the Bob Ra	app Memorial Scholarship?	

Remember along with this application you must include the following:

A copy of your High School Transcript

College Verification

3 Letters of reference describing you the person and you the player

A brief essay entitled "How Did USA Softball Impact My Life"

Please note: Any Bob Rapp Scholarship application that does not include the above, will not be eligible for consideration.