

## Scholarship Application

Please fill out all information below					
1	Last Name:	First Name:			
2	Mailing Address Street:				
	City: Stat	e:	Zip:		
3	Best Contact Telephone Number (cell/home):				
4	Email address:				
5	Date of Birth: MONTH: DAY:	YEAR:			
6	Cumulative Grade Point Average (GPA):				
7	Graduation Year from High School:				
8a	List any academic honors, awards and membership activities while in school:				
d8	List your hobbies outside interests, extracurr activities:	icular activities and school	related volunteer		
8c	List your non-school sponsored volunteer act	civities in the community:			
9a	If you have decided on what college you will attend, please list the school name:				
9b	1				



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10	Name & Address of parent(s) or legal guardians(s): (Include address if different than your own listed in question 2:					
	Name(s):					
	Street:					
	City:	State:	Zip:			
	Home phone of parent(s) or lega	l guardian(s):				
11	On a separate sheet, please write an essay (250 – 500 words) answering the questions below:					
	Describe how volunteer or community service has shaped who you are today and what community service has taught you. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.					
STATEMENT OF ACCURACY FOR STUDENTS						
I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarsip winner, my picture may be taken and used to promote the Lebanon Faspitch scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)						
I hereby understand that if chosen as a scholarship winner, according to the Lebanon Fastpitch Scholarship policy, I must be present at any potential awards ceremony, surprise, or reception in May to receive my scholarship award.						
infor	eby understand I will not submit the mation. Incomplete applications of dered for this scholarship.		quired attachments and supporting eet eligibility critieria will not be			
Signature of scholarship applicant: Date:						



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## STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Lebanon Fastpitch.

Name of Guidance Counselor submitting the application:				
High School:				
Contact information (email and phone):				
Guidance Counselor signature:				
Checklist				
Application				
Essay				
Guidance Counselor signature				

MAIL COMPLETE APPLICATION PACKAGE TO:

Lebanon Fastpitch P.O. Box 145 Lebanon, OH 45036