

MAJOR LEAGUE BASEBALL PLAYERS ALUMNI - UTAH CHAPTER SCHOLARSHIP APPLICATION FORM



Return To:
“Spencers Wishes”
689 Apple Circle
Price, Utah 84501

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

ARE YOU AN AMERICAN CITIZEN? _____ YES _____ NO

PARENT(S) OR GUARDIAN with whom you live: _____

ADDRESS, if different from above: _____

SCHOOL NAME: _____

ADDRESS: _____

DATE YOU WILL GRADUATE: _____

GRADUATING CLASS SIZE: _____

RANK IN CLASS: _____

OFFICIAL CUMULATIVE GRADE-POINT AVERAGE: _____

ACT SCORE (COMPOSITE): _____ PSAT/NMSQT SCORE: _____

SAT SCORE: _____ AP ACORES: _____

SCHOOL ACTIVITIES

HONORS AND ADVANCED PLACEMENT COURSES TAKEN:

HONORS AND AWARDS (State year and nature of honor or award):

NATIONAL HONORS AND AWARDS (State year and nature of honor or award):

OFFICES AND POSITIONS OF LEADERSHIP (State name of organization, position, year):

MEMBER OF ORGANIZATIONS WHERE NO OFFICE WAS HELD
(State name of organization and year, State only major activities):

INTERSCHOLASTIC ATHLETIC PROGRAMS IN WHICH YOU PARTICIPATED. INCLUDE
YEAR, IF YOU WERE CAPTAIN, CO-CAPTAIN OR RECEIVED A VARSITY LETTER:

COMMUNITY ACTIVITIES

HONORS AND AWARDS (State year and nature of honor or award):

OFFICES AND POSITIONS OF LEADERSHIP (State name of organization, position, year):

MEMBER OF ORGANIZATIONS WHERE NO OFFICE WAS HELD
(State name of organization and year, State only major activities):

COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED WITHOUT PAY:

ATHLETIC PROGRAMS IN WHICH YOU PARTICIPATED:

WHAT ARE YOUR ACADEMIC GOALS? _____

WHAT ARE YOUR PROFESSIONAL GOALS? _____

SPECIAL INTERESTS OR HOBBIES: _____

POSITIONS HELD IN GAINFUL EMPLOYMENT, PERIODS OF EMPLOYEMENT, AVERAGE TIME EMPLOYED EACH WEEK, EARNINGS, ETC.

WILL YOU BE RECEIVING SCHOLORSHIP AID FROM ANY OTHER SOURCE? _____
WHAT WAS YOUR PARENTS' COMBINED INCOME BEFORE TAXES LAST YEAR?
INCLUDE TAXABLE INCOME FROM ALL SOURCES: \$ _____

STUDENT:

I certify that all statements in this application and all supporting documents are true, complete and correct to the best of my knowledge

SIGNATURE _____ DATE _____

PARENT/GUARDIAN:

I certify that all statements in this application and all supporting documents are true, complete and correct to the best of my knowledge

SIGNATURE _____ DATE _____

COUNSELOR

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

SIGNATURE _____ DATE _____

PRINCIPAL

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

SIGNATURE _____ DATE _____