NEOBCA Scholarship Application

* Applicant must be a son or daughter of a baseball coach. o Coach must be a member for the current year.
* Nomination signed by a school guidance counselor and administrator. o Current senior and attending college in the fall.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father Coaches at what School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Information: GPA (on a 4.0 scale): \_\_\_\_\_\_\_\_\_\_\_ Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

ACT Composite Score: \_\_\_\_\_\_\_\_ SAT–Verbal: \_\_\_\_\_\_\_\_SAT-Math: \_\_\_\_\_\_\_ SAT–Combined: \_\_\_\_\_\_\_\_\_

Activities: High School, community, music, sports, art, scouts, religious, etc. Complete year, positions held and if you plan to continue the activity in college.

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Participated: \_\_\_\_\_\_\_ Years Participated: \_\_\_\_\_\_\_ Years Participated: \_\_\_\_\_\_\_\_\_

Name of Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head Coach’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head Coach’s Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator Signature/ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form and documentation must be received by **June 1, 2016**. Please return to: Coach Sliwinski

5164 Pinckneya Dr.

North Royalton, OH 44133