**Requirements:OHSBCA Scholarship Application**

1. Applicant must be a son or daughter of a baseball coach.

2. Coach must be a member for the current year and the previous five years.

3. Enclose an **official transcript** of the applicant’s grades through the 7th semester.

**Procedure:**

Applicant and parents complete the application and sign for verification. Take the completed form to the

appropriate school official (counselor, principal, etc.) to be forwarded to the OHSBCA.

Categories and questions below refer to activities and honors **AFTER 8th grade**. You may attach additional sheets if necessary.

|  |  |
| --- | --- |
|  |  |
| Name: Click here to enter text. | School: Click here to enter text. |
| Home Address: Click here to enter text. | *City: Click here to enter text.* |
| *State: Click here to enter text.* | *Zip: Click here to enter text.* |
| Date of Birth:Click here to enter text. | Date of Graduation: Click here to enter text. |
| Father Coaches at what School: Click here to enter text. |  |
| Father’s Name : Click here to enter text. | Mother’s Name: Click here to enter text. |
| Father’s Occupation: Click here to enter text. | Employer: Click here to enter text. |
| Mother’s Occupation: Click here to enter text. | Employer: Click here to enter text. |
| No. of Siblings: Click here to enter text. | Ages of Siblings: Click here to enter text. |
| No. in College (including applicant next year): \_\_\_\_\_\_\_ |  |

|  |
| --- |
|  |
| Academic Information: GPA (on a 4.0 scale): Click here to enter text.  Class Rank : Click here to enter text. Out of:Click here to enter text.  SAT or ACT Scores: ACT Composite Score: Click here to enter text.  SAT-Verbal: Click here to enter text. SAT-MathClick here to enter text. SAT-Combined: Click here to enter text. |

|  |
| --- |
| **Activates:** 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: Activity:

Years Participated: Years Participated: Years Participated: Years Participated:

Positions Held: Positions Held: Positions Held: Positions Held:

Name of Coach:

Applicant’s Signature:

District: Choose an item.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Applicant:

Head Coach’s Home Address:

City:

State:

Zip:

Head Coach’s Home Phone Number:

This form and documentation must be received by **June 1, 2017**. Please return to the current president of the

OHSBCA.

**THIS FORM MUST BE PROPERELY AND COMPLETELY FILLED OUT WITH PROPER DOCUMENTATION FOR CONSIDERATION BY THE DEADLINE.**

|  |  |  |
| --- | --- | --- |
| **Send form and documentation to:**  You may also e-mail this form by clicking on the hyperlink and saving as an attachment | Rob Lavengood |  |
|  | Ashland High School | (C) (419) 685-1184 |
|  | 2632 Mifflin Ave |  |
|  | Ashland, Oh 44805 | Email: <Rolaveng@goarrows.org> |