

OHSBCA Scholarship Application

Requirements:

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.
E-mail address:	
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-Math** Click 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: _____	Years Participated: _____	Positions Held: _____
Activity: _____	Years Participated: _____	Positions Held: _____
Activity: _____	Years Participated: _____	Positions Held: _____
Activity: _____	Years Participated: _____	Positions Held: _____

Name of Coach: _____ District: Choose an item. _____
 Applicant's Signature: _____ Print Name of Applicant; _____

Head Coach's Home Address: _____
 City: _____ State: _____ Zip: _____

Head Coach's Home Phone Number: _____ E-Mail : _____

This form and documentation must be received by **June 1, 2019**. 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

Craig Kyle
 Jonathan Alder High School (C) (740) 507-0361
 10193 Mitchell-Dewitt Rd
 Plain City, Oh 43064
 Email: kylecr@japioneers.org

