

FSCL Church League Baseball Scholarship

What it is: Scholarships for two individuals per year for use to pay for the recipients' education (undergraduate, graduate, language school, or trade school). On-line programs are not eligible for these scholarships. Total yearly awards are based on a number of factors including funds available and number of qualified applicants.

Who is Eligible: Anybody who participated in Fort Smith Church League for at least one baseball season as a player or coach, umpire, and/or grounds crew worker.

How to Apply: Visit www.fscl.org to print out an application. All applications postmarked no later than August 31, 2020 and should be **emailed** to:

tjackson@pruitt.com

Winners will be selected and awards will be granted on or about September 15, 2020, or as soon as the selection committee can meet to decide.

FORT SMITH CHURCH BASEBALL LEAGUE, INC.
PO BOX 3999
FORT SMITH, AR 72913-3999

SCHOLARSHIP APPLICATION
FOR THE YEAR 2020-2021

INSTRUCTIONS

READ ALL INSTRUCTIONS CAREFULLY

1. **PRINT** in ink or **TYPE** only
2. **DEADLINE** is August 31, 2020 – no exceptions
3. Scholarship will be based on the following merits:
 - a. Fort Smith Church League Involvement
 - b. Community Participation/Service
 - c. Sports Participation/Success
 - d. Non-Athletic Activities – band, choir, drama, debate, etc...
 - e. Grades
 - f. Test Scores
 - g. Letters of Recommendations
 - h. Essay
4. Must include an essay about your desired major and career goals
5. Must include a current photo - size: wallet, 3.5"x5", 4"x6", or 5"x7"
6. Applications not 100% complete will not be considered. If something does not apply, enter "N/A"
7. Applications with added volunteer service & those with greater financial need will be given higher consideration
8. Must have a current E-Mail address

Please provide copies of high school and/or college transcripts*, test scores (SAT and/or ACT), letters of recommendation, and essay along with completed application.

*There is no need to provide high school transcripts if you are currently a college/grad school student and have provided high school transcripts to the committee in the past.

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NEW APPLICANTS ONLY

APPLICANT INFORMATION #1

AGE _____ DATE OF BIRTH _____

APPLICANT _____ SOC SEC # N/A
Last First MI

HOME ADDRESS _____
Number & Street City State Zip

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____ OTHER _____

WITH WHOM DOES APPLICANT LIVE?
 Both Parents Mother Only Father Only Other _____

DOES APPLICANT WORK? YES NO IF YES, EMPLOYER _____

LIST PARTICIPATION / INVOLVEMENT WITH THE COMMUNITY AND SPORTS (use back of form if necessary)

I certify that the information provided above and herein is true and correct. I authorize the Fort Smith Church Baseball League Scholarship Committee to verify such information.

Applicant's signature

Date

SCHOLARSHIP APPLICATION
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APPLICANT INFORMATION #2

APPLICANT _____

HIGH SCHOOL _____
Name City State

CURRENT CUMULATIVE GPA _____ **CLASS RANK** _____ **ACT SCORE** _____

COLLEGE DESIRED _____
Name City / State

MAJOR or DESIRED DEGREE _____

COLLEGE LIVING ADDRESS _____
(if different than home address) Number & Street City State Zip

COLLEGE COST PER SEMESTER (include tuition, books, housing, etc.) \$ _____

FUNDING List all scholarships, grants, & assistance you will receive, including parental support & work. For "Period" please list whether the funding is for a complete school year or for a semester (use back of form if necessary).

Name _____	Amount _____	Period _____
Name _____	Amount _____	Period _____
Name _____	Amount _____	Period _____
Name _____	Amount _____	Period _____

LIST EXTRA-CURRICULAR ACTIVITIES (use back of form if necessary)

SCHOLARSHIP APPLICATION
FOR THE YEAR 2020-2021

PARENT INFORMATION

APPLICANT _____

MOTHER

FATHER

NAME _____

NAME _____

ADDRESS _____

Number/Street, City/State/Zip

ADDRESS _____

(If different than Mother)

PLACE OF EMPLOYMENT

Name _____

City/State _____

PLACE OF EMPLOYMENT

Name _____

City/State _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

CELL PHONE _____

WORK PHONE _____

WORK PHONE _____

LIST ALL CHILDREN & THEIR AGES

(use back of form if necessary)

Name _____

Age _____

Name _____

Age _____

Parent's signature (only 1 signature needed)

Date