

PLAYLIKEHOUSE FOUNDATION SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Date of birth:	Phone:	Email:

HIGH SCHOOL INFORMATION

Current High School:		
Current High School Coach:		
Phone:	E-mail:	GPA:

PARENT CONTACT INFORMATION

Name of Parent(s):		
Address:		Phone:
City:	State:	ZIP Code:
Email:		

FASTPITCH TRAVEL BALL TEAM INFORMATION

Name of Team:		
Name of Coach:	Phone:	Email:

COLLEGE OR UNIVERSITY INFORMATION

Name:		
Address:		Coach Name:
Phone:	E-mail:	Date Enrolled:

DESCRIBE THE EDUCATION PROGRAM YOU INTEND TO PURSUE

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HONORS AND AWARDS:

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ACADEMIC PLANS AND GOALS:

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PERSONAL STATEMENT (WHAT DOES #PLAYLIKEHOUSE MEAN TO YOU) :

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I, _____ have read and understand the conditions of the PlayLikeHouse Scholarship as explained in the current the current FAQ's Section on the Website at PlayLikeHouseFoundation.com. I affirm that I plan to continue to play softball while continuing my education. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the PlayLikeHouse Scholarship. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Signature: _____

Date: _____