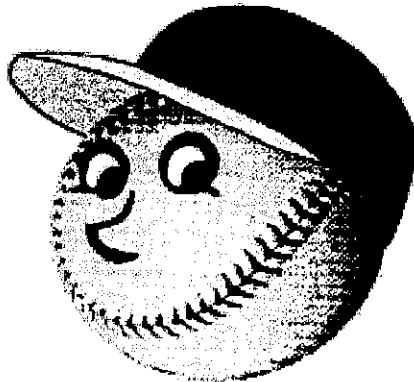


Linglestown Baseball Association

"Youth and Athletics are our Business"

P.O. BOX 6177 Linglestown, Pennsylvania 17112



LINGLESTOWN BASEBALL ASSOCIATION
TOMMY HICKS MEMORIAL
SCHOLARSHIP APPLICATION

SECTION I. Personal Information - To be completed by student.

MUST BE TYPED OR PRINTED

- 1. Student's Social Security Number: _____ / _____ / _____
- 2. Student's Date of Birth: _____ / _____ / _____
- 3. Student's Name: First _____ MI _____ Last _____
- 4. Sex: M ___ F ___
- 5. Student's Mailing Address: _____
(Number and Street)
- 6. Student's Home Phone Number: _____
() _____
- 7. Year of High School Graduation: 20 _____
- 8. Name of High School: _____ Phone Number () _____
- 9. Parents / Guardian Name:
Father _____ Mother _____
- 10. Children in Family _____ Number of College Student's in Family _____
- 11. Father's Occupation _____ Place of Employment _____
- 12. Mother's Occupation _____ Place of Employment _____
- 13. Guardian's Occupation _____ Place of employment _____
- 14. Family Income Range (ex: \$30,000-\$55,000) _____
- 15. Institution's where applicant has applied and / or been accepted:

INSTITUTION			ACCEPTED	
_____	YES	NO	PENDING	_____
_____	YES	NO	PENDING	_____
_____	YES	NO	PENDING	_____
_____	YES	NO	PENDING	_____
- 16. Intended Professional Career _____

SECTION II. Academic Information -- To Be Completed by School Counselor.

AN OFFICIAL HIGH SCHOOL TRANSCRIPT (WITH THE SCHOOL SEAL) INDICATING CLASS RANK AND BOARD SCORES ALONG WITH YEARLY GRADES MUST ACCOMPANY THIS APPLICATION.

- 17. Student's highest test scores: Scholastic Aptitude Test - Total _____
American College Test - Total _____
- 18. Enter the student's cumulative high school rank _____ Total H.S. Class Size _____
- 19. Enter the student's cumulative high school grade point average (GPA) on a 4.0 scale _____
- 20. High School Curriculum College Prep _____ General _____ Vocational _____ Technical _____
- 21. I hereby certify that the above information on this form is true and correct to the best of my knowledge.

Signature of School Counselor

Date

School Seal

Name of School

Phone Number

must have school seal

SECTION III. Activity section - to be completed by student.

MUST BE TYPED OR PRINTED.

Name of Club Sponsored By High School (Library Club, Math Club, Science Club)	School Year			Major Office Held	Significant Contribution
	Please check (x) Appropriate space				
	10	11	12		

Name of Extra Curricular Activity Sponsored By High School (Band, Choir, Sports, Intramural, Cheerleading, etc.)	School Year			Honors	Significant Contribution
	Please check (x) Appropriate space				
	10	11	12		

WORK EXPERIENCE

SCHOOL YEAR	10	11	12	SUMMER	10	11	12
EMPLOYER	/	/	/	EMPLOYER	/	/	/
	/	/	/		/	/	/
	/	/	/		/	/	/
	/	/	/		/	/	/
	/	/	/		/	/	/

COMMUNITY ACTIVITY / VOLUNTEER

GRADE 10	GRADE 11	GRADE 12
ORGANIZATION / ACTIVITY	ORGANIZATION / ACTIVITY	ORGANIZATION / ACTIVITY

NAME OF SPECIAL RECOGNITION OR ACADEMIC HONOR OR OTHER SPECIAL ACHIEVEMENT FOR WHICH YOU HAVE BEEN SINGLED OUT.
(Honor society, Science Fair, Outstanding Math Student, etc.)

The foregoing facts are true to the best of my knowledge. (must be signed)

Applicants Signature

Date

SECTION IV. ESSAY.... TYPE A ONE PAGE ESSAY

APPLICATION MUST BE POSTMARKED BY MARCH 15th

SEND TO: LINGLESTOWN BASEBALL ASSOCIATION
SCHOLARSHIP COMMITTEE
P.O. BOX 6177
LINGLESTOWN, PA. 17112