



HOLYOKE YOUTH BASEBALL LEAGUE
SCHOLARSHIP FUND

APPLICATION FORM

1. NAME _____ DATE _____
Last First Middle Initial
2. PERMANENT HOME ADDRESS _____ (Street, City, State, Zip Code) (County)
MAILING ADDRESS _____ TEL. _____
(If different from above) Zip Code
3. DATE OF BIRTH _____ SEX (M) _____ (F) _____
4. LIST ALL SPECIAL AWARDS OR HONORS: _____

5. LIST ACTIVITIES IN SCHOOL: _____

6. LIST ACTIVITIES OUTSIDE OF SCHOOL (CLUBS, HOBBIES ETC.) _____

7. WORK EXPERIENCE: LIST EMPLOYERS AND DATES WORKED. _____

8. LIST BELOW THREE REFERENCES, INCLUDING ONE TEACHER (DO NOT INCLUDE RELATIVES):

	Name	Address	Telephone
TEACHER	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
9. PARENTS DATA:
 - a. FATHER'S NAME _____
FATHER'S ADDRESS _____
OCCUPATION _____ PLACE OF EMPLOYMENT _____
 - b. MOTHER'S NAME _____
MOTHER'S ADDRESS _____
OCCUPATION _____ PLACE OF EMPLOYMENT _____