

Upper Rogue Baseball / Softball
2010 APPLICATION FOR SCHOLARSHIP

Due on or before March 1, 2010

PLAYER NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

PREFERRED NAME: _____ NUMBER OF DEPENDENT CHILDREN IN FAMILY _____

Parent(s) Name: _____

Volunteer Commitment: _____

Amount able to pay? _____ Can make payments? _____

2009 Gross Family Income: _____ Proof of Income May be Required.

References: (Name, phone, and e-mail) 3 Required-Not Family Members

Financial need will be a factor in determining award recipients.
Resources are Limited, and Awards will be based on Need. Partial Awards are preferred,
and ability to volunteer will be strongly considered.

Send application postmarked by March 1, 2010 to:

Upper Rogue Baseball
PO Box 126
Eagle Point, OR 97524

Call us at 541-941-9349

Applicant's Signature