

PAUL WALLIN SCHOLARSHIP

APPLICATION FOR THE WEST UNIVERSITY LITTLE LEAGUE PAUL WALLIN SCHOLARSHIP

1. Student's name: _____
2. Address: _____
3. Parents' names: _____
4. Telephone: _____
5. Birthdate: _____
6. High School: _____
7. Name of High School Senior counselor: _____
8. Grade point average: _____
9. Class rank: _____ out of _____
10. College/University you plan to attend: _____
Have you been accepted? _____
11. West University Little League History:

Team: _____

Year/s: _____

Team: _____

Year/s: _____

Home addresses when you played in Little League: _____

12. High School athletic coach(es): _____

13. High School sports history:

Sport: _____ Years: _____ Exit Level: _____

Sport: _____ Years: _____ Exit Level: _____

14. On an attached piece of paper please list:

- A. Elective offices you held in High School and the dates of service.
- B. All other extracurricular activities and dates of service.
- C. All honors you have received.

15. Please attach no more than four (4) letters of recommendation that will help the Committee assess your Desire, Dedication, and Discipline. These recommendation letters must include persons representing the following areas:

School:

Name: _____ Phone: _____

Church or Community:

Name: _____ Phone: _____

West University Little League (coach, umpire, parent, board or auxiliary member)

Name: _____ Phone: _____

Certification:

“I certify that all statements in this application pertaining to academic achievements and school activities are true and correct.”

Principal or counselor: _____ Date: _____

“I certify that all statements in this application are true and correct.”

Parent or guardian’s signature: _____ Date: _____

“I certify that all statements in this application are true and correct.”

Applicant’s signature: _____ Date: _____