



Application Bettise Baseball Scholarship Fund

All information will be held strictly confidential and will not be used for any other purpose.
False information will result in your being disqualified for a scholarship.

Complete the form and email to info@bettisebaseball.org

Player Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____

School attending this fall: _____ Years involved in baseball: _____

Grade in school this fall: _____ Are you helping toward registration fees? N Y

How much are you able to contribute? \$0 - \$100 \$100 - \$250

Family Information

Parent 1 First Name: _____ Last Name: _____

Address: _____ Cell Phone Number: _____

City: _____ State: _____ Zip: _____

Parent 2 First Name: _____ Last Name: _____

Address: _____ Cell Phone Number: _____

City: _____ State: _____ Zip: _____

Have you received a scholarship from Bettise Baseball Scholarship Fund in the past?

If so which year(s)? _____

Have you ever played youth baseball before? If so which year(s)? _____

Current Coach: _____ Phone Number: _____

Applicant Signature: _____ Print Name: _____ Date: _____

Parent Signature: _____ Print Name: _____ Date: _____

(If under age 18)