



# 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 [donnafredericks@aol.com](mailto:donnafredericks@aol.com)

## 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)