



Scholarship Award Application Form

Texas Teenage Baseball-Softball Association is seeking applications for scholarships to be awarded to our youth. All affiliates are invited to send this entry form to our State Office for judging by May 1st. Awards will be presented to youth who participate in the Texas Teenage program. The amount of the scholarship awarded will be made in the honoree's name to the college of their choice to be used toward their college education. **Incomplete Applications will not be considered.** Criteria in judging will include the following:

- 1. All around citizenship of the player. Please make mention of outstanding merits of the nominee, both on and off the playing field. The overall citizenship will be used to determine the applicant's qualification for scholarship. Please note that this should include things outside of TTA baseball/softball).**
- 2. Number of years participating in the TTA program.**
- 3. Leadership, attitude, goal-oriented and need of financial help.**

Name of Nominee: _____

Phone(s): _____

Nominee's Physical Address: _____

Associated TTA Affiliate: _____

Age: _____ Years playing in TTA: TTAB _____ or TTAS _____

Last year to compete in TTA: _____ State Director: _____

Team Name with town and Age Division: _____

Name of School Nominee now attends: _____

Anticipated year of college entrance: _____

Has Applicant ever been awarded a TTA Scholarship: _____

Name of Nominee: _____

Amount of all scholarships awarded to Nominee: \$ _____

List any awards, honor and recognitions nominee has received: _____

This portion of the Scholarship Application Form is to be filled out by those making the nomination.

In your own words, please comment on your opinion of the nominee's:

Personality: _____

Leadership: _____

Citizenship: _____

Responsibility: _____

Name of Nominee: _____

Why do you think this individual should receive a scholarship from TTA: _____

Please list additional outstanding attributes of your nominee and attach any supporting letters from other individuals or associations to support your nomination.

Contact information from person or affiliate making the Nomination:

Name: _____ Affiliate: _____

Mailing Address: _____

Email Address: _____

Phone: (home) _____ (office) _____ (cell) _____

Note: If applicant is awarded a TTA scholarship, expiration date to claim is five years after the anticipated year of college entrance unless awardee notifies TTA State Office in writing.

EMAIL YOUR ENTRY TO TTA
ttastateoffice@gmail.com

or

MAIL TO:
TTA
231 Parkway Drive, Ste 100 #283
Early TX 76802