

Worcester Area Baseball Umpires Association

Bill Peters Memorial Scholarship Award

Application

NAME OF APPLICANT _____ NAME OF SCHOOL _____

DATE OF BIRTH _____ EMAIL _____ TEL# _____

ADDRESS _____ CITY/STATE/ZIP _____

NUMBER OF SIBLINGS FINANCIALLY DEPENDENT OF FAMILY _____

COLLEGES YOU ARE PLANNING TO ATTEND FOR MATRICULATION _____

LIST PAST WORK EXPERIENCES _____

HOW ARE YOU PLANNING TO FINANCE YOUR EDUCATION? _____

DATE _____ SIGNATURE _____

PERSONAL STATEMENT (Required): On a separate sheet. Please describe in your own words your consideration for the scholarship. Please include your school interests, hobbies and accomplishments. Please describe what your plans are for after college and what you plan to do for your life's work.

Letter of Recommendation (1 Required, multiple accepted): Please provide a letter of recommendation from someone not related to you (coach, teacher, employer, guidance counselor, etc...). Only 1 is required however, please feel free to include multiple.

Transcripts: Please include your transcripts for the years you attended your current high school

PLEASE INCLUDE ANY ADDITIONAL INFORMATION FROM TEACHERS/COUNSELORS THAT YOU THINK MAY FURTHER YOUR CONSIDERATION FOR THIS AWARD

PLEASE RETURN BY MAY 28, 2019 TO:

Michael Haglund
10 Elmire Ave
Worcester, MA 01604
mikehags@yahoo.com

THIS FORM MAY BE DUPLICATED IF THERE ARE A NUMBER OF APPLICANTS FROM THE TEAM AND ARE ALSO AVAILABLE AT www.wabua.com