The American Legion
Baseball Scholarship
Nomination Form

PHOTOGRAPH REQUIRED

Name: __________________________________________
Address: ________________________________________
_________________________________________________
Street
City State ZIP
Age: ____  Date of birth: ___________ Day/Month/Year
Email address: ___________________________________
Phone # (            )  ______________________________

Eligibility Requirements

The player must:
• Attach a copy of his official high school transcript.
• Have graduated from high school.
• Be on a current roster (American Legion National Baseball Electronic Registration Form) filed with National Headquarters.
• Be part of a team affiliated with an American Legion post.
• Have three letters of testimony attached to application.

Any team manager or head coach of an American Legion (post-affiliated) team may nominate a player for consideration of this award. The scholarship application, letters of recommendation and certification form must be completed, postmarked and mailed to the department headquarters no later than July 15. Three letters of testimony must be attached to the nomination form.

Each Department Baseball Committee will select an American Legion player who best meets the qualifications as the American Legion Baseball Scholarship winner. Each department winner will receive a scholarship from The American Legion of $500 or more.

DIAMOND SPORTS SPONSORSHIP

The Department Baseball scholarship winners shall be considered for The American Legion All Academic Team sponsored by Diamond Sports, the official baseball for American Legion national tournaments. Eight players selected by a scholarship selection committee at The American Legion World Series will receive an additional $2,500 scholarship. A ninth player, selected as the most outstanding member of the All Academic Team, will be awarded an additional $5,000 scholarship.

Scholarship recipients will be eligible to receive their scholarships immediately upon graduation from an accredited high school. Scholarship winners must utilize the total award within eight (8) years of their graduation date, excluding active military duty.

The scholarship may be used to attend a school selected by the student, provided it is state accredited and above the high school level.

The American Legion’s national treasurer will make disbursement from the scholarship fund jointly to the student and the school at the beginning of each semester.

DO NOT SEND APPLICATIONS DIRECTLY TO NATIONAL HEADQUARTERS.
Applicants should type or print all information.
Application and testimonial letters must be postmarked to the department headquarters no later than July 15.
Section A – High School Record

Note: Please attach a copy of your high school transcript.

Name of high school: ___________________________________________________________________________

Grade Point Average: _______________  In upper ___________% of class  Number in class: _____________

List activities in which you participated during high school. List awards, honors and recognition received. List any school or community organizations in which you have held membership. Also, list any other scholarships you have received.

Section B – College Plans

(1) What major do you plan to pursue when you enter college? Why?

(2) What college or university do you plan to attend? Why?

(3) Do you anticipate playing college baseball?
Section C – Career Interests
Describe what you see yourself doing 10 years from today. The scholarship committee realizes that in many cases, applicants will not have decided on career goals. However, complete this section to the best of your ability.

Section D – Community Participation Record
Briefly describe any community service activities in which you have been involved during your high school career. If community service required, explain why.

Section E – Family Information
Father’s name and occupation: ________________________________________________________________
Mother’s name and occupation: ________________________________________________________________
List brothers and/or sisters and their ages:

Family’s adjusted gross income: ________________________________________________________________
This scholarship is partially based upon need. Therefore, the adjusted gross income from a federal income tax form is necessary. Describe any circumstances that may affect your family’s ability to provide for your college education.
Authorization

CERTIFICATION BY PLAYER
I certify to the accuracy of the foregoing facts. If selected, I will permit The American Legion to use my name, image and/or likeness for publicity.

SIGNATURE OF AMERICAN LEGION BASEBALL PLAYER: __________________________ DATE: _______________

PARENT’S CONSENT
We hereby certify that the information on this application pertains to our son/daughter. If our child is selected as a scholarship winner, we understand and agree and hereby grant permission to The American Legion to use our child’s likeness and name in announcing and promoting this scholarship program.

SIGNATURE OF PARENT OR GUARDIAN: ______________________________________________________
PHONE NUMBER: __________________________ DATE: _______________

PARENT’S ADDRESS:
CITY, STATE & ZIP: __________________________

POST COMMANDER
The applicant above is qualified in every respect to represent The American Legion and has our recommendation.

SPONSORING POST # ________

POST ADDRESS:
CITY, STATE & ZIP: __________________________

SIGNATURE OF POST COMMANDER: __________________________ PHONE #: __________________________

American Legion department (state) contact information is online:
www.legion.org/departments

Electronic applications are available online:
www.legion.org/baseball