



PO Box 598
Golden CO 80402
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2017 GJBA SCHOLARSHIP APPLICATION

Players Name: _____ Amount Requesting: _____

Home address: _____ City, State, Zip _____

Parent Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Reason for request: _____

I understand that in applying for a scholarship and if Golden Junior Baseball Association grants my request, I agree that I will provide a minimum of six (6) hours of my time working at league sponsored tournament, or other league sponsored event. I also understand and agree to participate in league sponsored Fundraising campaigns and any other activities sponsored by GJBA.

Parent/Guardian Name (print) _____ Signature _____ Date _____

Sign up for volunteer hours:

€ Tournament € Tryouts € Jr Program events € Other GJBA event

FOR OFFICIAL USE:		
Date Received: _____	Requesting: _____ Full Scholarship ____ Partial Scholarship	
_____ Approved	Comments: _____	
_____ Denied	Comments: _____	
Reviewed by: _____	Parent Notified by: _____	Date Notified: _____