



DAVID BUPP SCHOLARSHIP FORM

Ambridge Youth Baseball Association

EIN#: 81-2611493 • Non-Profit Organization 501c3 Tax Exempt
Facebook: @Ambridge Youth Baseball • www.ambridgeyouthbaseball.com

Serving the Children of the Ambridge Area School District: Ambridge, Baden, Economy, Harmony Twp., and South Heights

1. DEADLINE for scholarship applications is **April 10th, 5:00pm**. (no exceptions).
2. Refer to application process below for a list of the supporting documents needed. Incomplete applications will not be considered.
3. If any question does not apply to you in this application, please put N/A in the space.
4. Type or print legibly. Illegible applications will not be considered.
5. You will be notified by mail/email by Late April regarding the status of your application.
6. If you have any questions about the application, please email Ambridge Youth Baseball at greg.vukovcan@gmail.com.

Scholarship funds will be awarded to the student upon evidence of registration in an accredited post-secondary institution or trade school.

The purpose of the David Bupp Scholarship Program is to provide scholarships to up to seven (7) deserving graduating seniors residing in the Ambridge Area School District, interested in or intending to pursue post-high school course of study at either college/university or other post-secondary educational institution.

Eligibility Requirements:

1. Applicant must be a current High School Senior AND a resident of the Ambridge Area School District.
2. Applicant must be a graduating high school senior in the year of the award.
3. Applicant must have played on the Ambridge Baseball or Softball Team for at least one season.

Application Process:

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly).
2. An official and recent high school transcript.
3. Personal Essay. In your essay, please answer the question on the enclosed essay form. Pick 1 subject:
 - How have you worked in your life to make a positive difference?
 - OR
 - How playing sports affected your life?
4. Recommendations letters (teachers, members of the community – NOT family) are welcome but not mandatory (Only 2 to 3 recommendations)

Deadline for the application is April 10th, 5:00pm

Please submit application via mail (application must be postmarked by April 10th to:

DAVID BUPP / AMBRIDGE YOUTH BASEBALL SCHOLARSHIP COMMITTEE
350 SUNRIDGE DRIVE
FREEDOM, PA 15042
DAVID BUPP/AMBRIDGE YOUTH BASEBALL SCHOLARSHIP APPLICATION



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Please type or print your answers. If application is illegible it will be returned to you.

Last Name:		First Name:	
Street:			
City:	State:	Zip:	
Telephone Number:		Email Address:	
Date of Birth:	Month:	Day:	Year:
Current High School:		Number of Years Attended:	
I have applied (or plan to attend) the following school(s) in the <u>upcoming Fall</u>			
Grade Point Average (GPA): Attach most recent official school transcript, report card, or progress report			
Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space:			
Last Name		First Name:	
Telephone Number:		Email Address:	
What are your educational and professional goals and objectives?			



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List the Ambridge Sports team you played for as well as year/grade/age and team/coach (if you remember)

List your academic honors, awards, and membership/clubs activities:

List your community service activities, hobbies, outside interest, and extracurricular activities:

Personal Essay:

Please answer **ONE** of the following questions:

How have you worked in your life to make a positive difference?

OR

How has playing an Ambridge Bridger sport impacted your life?

Submit your response on the last sheet provided with this application



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Personal Essay

REMEMBER – you only need to answer ONE of the essay topics:



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STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the David Bupp/Ambridge Youth Baseball Scholarship Program.

I hereby understand that if chosen as a scholarship winner, according to the Ambridge Youth Baseball Association Committee policy, I must provide evident of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

Parent signature (if under 18): _____ Date: _____

REMEMBER

The deadline for this application to be received by the David Bupp/Ambridge Youth Baseball Committee is **April 10th**.

Please mail or drop to:

**DAVID BUPP / AMBRIDGE YOUTH BASEBALL
SCHOLARSHIP COMMITTEE
350 SUNRIDGE DRIVE
FREEDOM, PA 15042**