**LEHIGH VALLEY SOFTBALL UMPIRES ASSOCIATION**
**SCHOLARSHIP AWARD PROGRAM**
**2024 APPLICATION**

**PLEASE TYPE OR PRINT CLEARLY.**

APPLICANT NAME: _____
ADDRESS: _____
_____

EMAIL ADDRESS: _____
PHONE: _____

PARENT/GUARDIAN NAME(S): _____

HIGH SCHOOL: _____
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**PLEASE ATTACH AN UNOFFICIAL SCHOOL TRANSCRIPT**

I. ACADEMICS

CLASS RANK: _____/_____ GPA: _____

II. PLEASE LIST ANY SOFTBALL ACHIEVEMENTS DURING VARSITY CAREER (TEAM AWARDS, TEAM ACHIEVEMENTS, LEAGUE RECOGNITION, ETC.)

III. PLEASE LIST ANY OTHER ATHLETIC ACHIEVEMENTS AND ACADEMIC ACHIEVEMENTS (AWARDS, ORGANIZATIONS, ETC.

IV. BRIEFLY STATE YOUR COLLEGE/CAREER PLANS:

IV. (OPTIONAL) PLEASE INCLUDE BELOW ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE BEYOND THE AREAS COVERED ON THIS APPLICATION.

**THIS FORM MUST BE SUBMITTED NO LATER THAN FRIDAY, MAY 24, 2024.**