

KEARNEY COMPETITIVE GIRLS SOFTBALL ASSOCIATION SCHOLARSHIP

NAME:	DOB: / /
ADDRESS:	GRADE:
PARENT/GUARDIAN	PHONE: / /
	GPA:

KEARNEY COMPETITIVE SOFTBALL EXPERIENCE:

DATES PLAYED	TEAM NAME	COACH(S)

ATHLETIC PARTICIPATION: (GRADES 9-12)
SCHOOL ACTIVITIES/HONORS: (GRADES 9-12)
OUT OF SCHOOL ACTIVITIES:
WORK EXPERIENCE:
FUTURE EDUCATIONAL/COLLEGIATE SPORTS PLANS:

TWO COACHES THAT COULD BE CONTACTED BY THE SELECTION COMMITTEE FOR REFERENCE:

Name:	Phone:
Name:	Phone:

SHORT ESSAY: (100 WORDS OR LESS) How has your involvement in the summer competitive softball program prepared you for your future participation in athletics, college or your future?

Please see attached essay.

*Only current school year graduating SENIOR HIGH SCHOOL students will be considered for this scholarship (Mid-term graduates will be considered the same)

**Please attach: Essay and copy of transcript with current GPA and mail to KCGSA PO Box 1527, Kearney, NE 68848