

## PLAYLIKEHOUSE FOUNDATION SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

|                  |        |           |
|------------------|--------|-----------|
| Name:            |        |           |
| Current address: |        |           |
| City:            | State: | ZIP Code: |
| Date of birth:   | Phone: | Email:    |

## HIGH SCHOOL INFORMATION

|                            |         |      |
|----------------------------|---------|------|
| Current High School:       |         |      |
| Current High School Coach: |         |      |
| Phone:                     | E-mail: | GPA: |

## PARENT CONTACT INFORMATION

|                    |        |           |
|--------------------|--------|-----------|
| Name of Parent(s): |        |           |
| Address:           |        | Phone:    |
| City:              | State: | ZIP Code: |
| Email:             |        |           |

## FASTPITCH TRAVEL BALL TEAM INFORMATION

|                |        |        |
|----------------|--------|--------|
| Name of Team:  |        |        |
| Name of Coach: | Phone: | Email: |

## COLLEGE OR UNIVERSITY INFORMATION

|          |         |                |
|----------|---------|----------------|
| Name:    |         |                |
| Address: |         | Coach Name:    |
| Phone:   | E-mail: | Date Enrolled: |

## DESCRIBE THE EDUCATION PROGRAM YOU INTEND TO PURSUE

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## HONORS AND AWARDS:

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## ACADEMIC PLANS AND GOALS:

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## PERSONAL STATEMENT (HOW HAS KAITLYN INFLUENCED YOU) :

|  |  |  |
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I, \_\_\_\_\_ have read and understand the conditions of the PlayLikeHouse Scholarship as explained in the current the current FAQ's Section on the Website at [PlayLikeHouseFoundation.com](http://PlayLikeHouseFoundation.com). I affirm that I plan to continue to play softball while continuing my education. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the PlayLikeHouse Scholarship. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_